

May. 24. 2022 11:09AM No. 2610 P Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 2 of 99



Sheriff Maurice C. Cook Bastrop County

200 Jackson Street

Bastrop, Texas 78602

Phone (512) 549-5100 • Fax (512) 549-5195



FAX COVER SHEET

TO: Natalle Jordan	FROM				
	Bastrop County Jail – Medical Department				
Company: James Wood, Atty at Law	Date: 5/24/22				
Phone Number: 612-692-9266	Phone Number: 512-549-5077				
Fax Number: 512-686-3152	Fax Number: 512-549-5191				
Re: Zunaga's medical records	# of pages multiple				
□Urgent □For Review □C	omment □Reply □Recycle				
Notes/Comments					
	Staff Signature				

CONFIDENTIALITY NOTICE: The documents accompanying this telecopy transmission contain confidential information. The information is intended for the use of the recipient named above. If you have received this telecopy in error, please notify us immediately by telephone to arrange for return of the documents to us. You are hereby notified that any disclosure, copying distribution, or the taking of any action to the contents of this telecopy information is strictly prohibited.

May. 24. 2022 11: 09AM No. 2610 P. 3 Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 4 of 99

> Zuniga, Daniel SO 62339 DOB 7/14/1981



BOOKING SHEET



so# 62339

	4	uutt			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ست عد دال							623	39
I	NAME	(LAST, FIRST,	Ng/ODLE)				······································	Bi	ooking# 2	0-01014 DATE OF 0	JATI)	Y	PLACE OF	J 6)87N		i chiz	·1
	1			15							/1981		AUSTIN, TX U			-14	- 1
ĺ	ZUNIGA, DANIEL, JR SEX RACE STH HIGT WOY RYES RAUA BIO: T						COMPLE		SCARS, MARKS, TATOOS, A								
	M	W	H	6 Ft. 3	L ín.		180	BRO	Bald	MED	LGT	- 1	TATTOO ON A		ONSP	ECIFIC:	-
1	Ì]]					, ,,,,,,,		""		TATTOO ON FO				ĺ
			1							[-		NECK; TATTOC	•			
		NCTARE NO		SYATE			IAL SECURITY RO		Desa			FEIJE	***************************************	ID CARD		^	STATE
		211261	96	Texas		46	5-59-873	17	055493	00		3097	22СВ6				
' K		MMUS):	ANIGL	71 INDG	A DANI	CI F	. 7HM/2/	n maaiii	21 (2) (1) (2)	A + 71 INDC	ያለ ጥላል።	E1 511	LELA, JR ; ZUNIG	2410 154600	ı		1
	ADDRES	ilavî bi	TIVILL,	CONIO	A, DAIN	G. F. F	, LONIG	4, DAIVIL	IL DILLEL	M, ECHAIC	IA, DAIN	LC DIL	LELA, IK , ZUIVIC	JAUK, DANIE		ONE	
DENTIFIERS	124	Meado	W DR)
	BAS"	TROP T	X 786	02-0000)												1
	occup/	ATRON;	***************************************		EMPL	DYER:					<u> </u>	,	,,,			-	$\neg \neg$
	nemari	et.		····								,					
		NUMBERS C								<u></u>		,					
		-206-23 EMCY COMYA		7-206-2	2369		<u></u>					,	,	·			
				pouse :	124 Me	ado	w DR			•							
- 1				2-0000													Į
									***************************************		***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************		·····		
		NGAGENCY		høriff ^j e i	Office		ARRESTONO O		/an				04/04/2020	1:10 AM		AGENCY ANAEST	NO.
Н	Bastrop County Sheriff's Office Davis, Derek Ryan 04/04/2020 1:10 AM										>>						
Ŭ.					***************************************		***************************************					,		•			
ARREST	VENICLE MAKE: MODITE:						COLOR:		YEAR:		UC NO.:			21VA.			
٩	YOWEO	ΒYι	1	1	STOREOR							,	······································	***************************************	·····	JAILING JOR	
														_		20-01014	
7	OFFENS	E					ΑΨΤΗΘΑΙΤΥΛ	WARRANT N	O BOND		FINE		COUM	Нотр		DISPOSITION	
CHARGE	η		- 5 4 4			-											
폵	CRE	EDIT CA	RD A	BUSE			16,976							Local			
	<u></u>			***************************************										Warrant		<u></u>	
	CASH:					CHEC	(s/MO:	***************************************	RECEIPT NO	D. H	***************************************	,		160	XII)		~
.												,	V		17777	<u>;;;</u>	
l	QYY		_		TEM DESCR	PIGUE	·							COCATI	λl4		
	1				gra sh	ılrt				* 1.					Pro	perty	
- {	1	***************************************			blue p	oant	S						~~~		Pro	perty	
ř	1				black	soc	ks				,	*		······································	Pro	perty	
₩. I	1				gray u	ınde	erwear	-	· ` ` · · · · · · · · · · · · · · · · ·			**************************************	······································	······································	Pro	perty	
PROPER	1,				black	Jack	eţ						***			perly	
	1				black	belt									Pro	perty	1
	1	***************************************			black	and	gray sho	es				Secured Scientific Secured Sciences			***********	perty	
- [1				black			<u>, </u>						<u>-</u>	_	perty	
	1				TEXAS	ID	~				N 7W1/7		· · · · · · · · · · · · · · · · · · ·			perty	
	1			***************************************	mlsep	ape	ers								*********	perty	
					,				***************************************			····	······································			·	 1
	•												l was placed in J				
					ht to co	nta	ict my co	nsulate.	. Entlend	to que si	soy un c	ludad	ano extranjero	, tango el di	erech	o de	- 1
		a ml c		do.													
		Signat							- 1	_							
Back	dear C	Affleor's	- Bloom	. Bassem I						bak	JTleson I	na Ina.	/2020 ተማወ ለአለ				- 1

.

6

ZUNIGA, DANIEL BILLELA SO Number# 62339 Bastrop County Sheriff's Office 200 Jackson Street Bastrop, TX. 78602

Encounter: 06-10-2020 01:09 PM Page 1 of 1

Encounter			06-1	10-2020 01:09 PM
ZUNIGA, DANIEL	BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
ZUNIGA, DANIEL Diciation:	PROVIDER DROGRESS NOTE:R Wame: PANYEL BILLELA ZU IDE: 62339 DOB/Age: 07-14-1981 / 3 Date: 06-10-2020 Wed Allergies: FISH FHENERGAN WORCESTERSHIRE SAUC MEDICATION 10mg 10m OLANZAFINE 10MG TAB 10M OMERRZOLE 40MG CAP 40m REAZOSIN HCL IMG CAP 1MG TRAZOLOWE 50MG TAB 50M TRILEPTAL 300MG TAB 300 At approximately 1045, 1 breathing. Immate was c alr movement, and no whe Officer Warren. Immate below 80% with accessory color improved, and he c	sepiratory Emergency NISA 8 year old 9 Take 1 Tablet by mouth 3 g Take 1 Tablet by mouth 1 G Take 1 Tablet by mouth 1 G Take 1 Capsule by mouth 1 Take 1 Capsule by mouth 1 Take 1 Tablet by mouth 1 Take 1 Tablet by mouth 2 make 1 Tablet by mouth 2 make 1 Tablet by mouth 2 make was brought via wheeld onscious, diaphoratic, with sees were appreciated. Init: became more diaphoratic during muscle use, and dusky fings; almed down, and Albuterol nel	times per day for 25 days time per day for 365 days time per day for 365 day 2 times per day for 365 day time per day for 365 day time per day for 365 day time per day for 365 day times per day for 365 day times per day for 365 day hair to Medical Department expission; etc.jor.jor.jor.jor.jor.jor.jor.jor.jor.jor	due to difficulty tohed. Lung exam with MR 175 per Medical cared Sp02 down to Exted via NRB, Inmate ouing with 100% 02,
	Electronically signed by	Wei-Ann Lin, MD on 06-10-20	20 01:53:45 FM (Type: Prov	rider)
Vitals:				· · · · · · · · · · · · · · · · · · ·
Condition Related To:				
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	V		
Diagnosis:	*	7727		~~~
Procedures:		**************************************	***************************************	***************************************
Providers:	Anending Provider: Lin. Wel-A	nn, MD, Bastrop County Jail ID: 1		
Faculty:	Bastrop County Sheriff Office	<u> </u>		,-,
Encounter Type:	Provider Progress Note			
Sign Off:	Signed Off By: WLIN on: 2020	3-06-10 Wed 01:53 PM		
	Income, and on the latter of the second			

8

ZUNIGA, DANIEL BILLELA SO Number# 62339 Bastrop County Sheriff's Office 200 Jackson Street Bastrop, TX, 78602

Encounter; 06-10-2020 12:32 PM Page 1 of 1

Encounter			Ü	6-10-2020 12:32 PM
ZUNIGA, DANIE	EL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
ZUNIGA, DANIE	NURSE PROGRESS NOTE Name: DANIEL BILLE IDE: 62139 DOB/Age: 07-14-198 Date/Time: 06-10-2 PATIENT ALLERGIES: FIGH FHENERGAN WORCESTERSHIRE Medication IBUPROFEN SUOME TAR MORESTERSHIRE Medication IBUPROFEN SUOME TAR TARLEDONE SUMME TAR TARLEDONE SUMME TAR (approx 1045) Mr. Z I could hear what m Initial pulse ox wa mask from a portabl scanc sir movement oreathing treatment cased and we begar 0 Ascension Seton-E Booking has him les At approx 1145 it w had a blockage, and	IT Transfer to Seton (Bastrap) LA ZUNIGA 1 / 38 year old 020 Wed / 12:32 FM SADER Dosage Directions BOUNG Take 1 Tablet by mouth 1 10MG Take 1 Tablet by mouth 1 10MG Take 1 Tablet by mouth 1 10MG Take 1 Capsule by mouth 1 10MG Take 1 Capsule by mouth 1 300MG Take 1 Tablet by mouth 2 300MG Take 1 Tablet by mouth 2 uniga presented to the Madical December 1 2 below 80%, PR was ranging from 2 below 80%, PR was ranging from 2 tank 0 25 bem. Little air move in the upper. As he celmed, he is of Albuterol while continuing the splan to transfer him to higher	itimes per day for 25 d time paw day for 365 d time per day for 365 d 2 cimes per day for 365 d 2 cimes per day for 365 d time per day for 365 d time per day for 365 d times	ays ays ays days days days days forestory difficulty. horestor, conscious, and d hi-flow O2 via 100% NR8 the lower lobes, and nd we intripaed a ox increased, diaphoresis ad report to "Robert, RN"
	Electronically Appr	oved by Mark White, LVN on 06-10-	-2020 12:43:16 PM.	
Vilals:				
Condition Related To:				
Dates:	Current illness Date; 1st Date Of Illness; Unable To Work Dates; Hospitalization Dates;			•
Dlagnosis:				
Procedures:				
Providers:	Attending Provider: Whi	te, Mark, LVN, ID:)v=v/	
Facility:	Bastrop County Sheriff C	Office	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Encounter Type:				
Sign Off:	Simed Off By: ADMIN	MW on: 2020-06-10 Wed 12:43 PM		<u>///</u>
A				

Printed: 06-10-2020 01:53 PM Printed By: ADMINMW

Mark White, LVN

Dictation:	NURSE PROGRESS NOTE: Respittory Emergency					
	Name: DANIEL BILLELA ZUNIGA					
	IDM: 62339					
	DOE/Age: 07-14-1991 / 38 year old					
	Date/Time: 06-10-2020 Wed / 11:34 AM					
	PATIENT ALLERGIES:					
	Fish Fhenergan					
	MORCESTERSHIRE SAUCE					
	Medication Dosage Directions					
	IBUPROFEN 800MG TAB 800MG Take 1 Tablet by mouth 3 times par day for 25 days Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time par day for 365 days					
	OLANZAPINE 10MG TAB 10MG Take 1 Tablet by mouth 1 time per day for 365 days					
	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days PRAZOSIN NCL 1MG CAP 1MG Take 1 Capsule by mouth 1 time per day for 365 days					
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days					
	TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days					
	VITAL SIGNS:					
	Blood Pressure 198/102 mmHg Temperature 96.0 °F / 35.56 °C					
	Polse 175 /minuts					
	Pulse Oxygen 96%					
	NURSE COMMENTS:					
•	10:30; Medical called to M010;					
	Upon arrival to M010; M/O noted I/M was seated at the table; I/M was diaphoretic, and appears to have be having an respiratory emergency.					
	I/M c/c not being able to breathe and stated that's why I've been telling y'all I need my saline. M/O informed I/M that you're going to Medical to see the Dr. I/M speaks loud and clearly using profamity concerning the Dr. I/M was transported to Medical via W/C. I/M was placed on O2 nasal canister and was given one Neb tx.					
	11:00:1/M was then transported to Ascension Seron Hospital via BCSO Jail Staff.					
	Electronically signed by Ross Warren, MA on 06-10-2020 11:55:34 Am (Type: Nurse)					
Vitals:	Blood Pressure: 198/102					
	Temperature: 96.0					
	Pulse: 175 Pulse Oxygen: 96					
Condition Related To:	Filse Oxygen. 90					
Dates:	Current Illness Date:					
LV II I CD i	List Date Of Illness:					
	Unable To Work Dates:					
	Hospitalization Dates;					
Diagnosis:						
Procedures:						
Providers:	Attending Provider; Warren, Rosa, MA, ID;					
Y7 11	Bastrop County Sheriff Office					
Pacility:	Bastrop County Sheritt Office					
Encounter Type:	Bastrop Comity Sheriti Office					

E E	Incounter
-----	-----------

06-09-2020 05:27 PM

ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male

Dictation:	Mad Request:					
ar an 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"					
	Name: DANIEL BILLELA ZUNIGA					
	DOB/Age: 07~14~1981 / 38 year old					
	ATIENT ALLERGIES:					
	FISH PHENERGAN					
	WORCESTERSHIRE SAUCE					
	Purpose: Medical Date/Time Collected: 06-09-2020 05:27 FM					
	Medication Dosage Directions					
	IBUPROFEN 800MG TAB 800MG Take 1 Tablet by mouth 3 times per day for 25 days Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days					
	OLANSAPINE 10MG TAB 10MG Take 1 Tablet by mouth 1 time per day for 365 days					
	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times par day for 365 days					
	PRAZOSIN HCL 1MG CAP 1MG Take 1 Capsule by mouth 1 time per day for 365 days TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days					
	TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days					
	Date/Time Triaged: 06-09-2020 05:27 PM Reason: Complaint					
	Disposition: "06/09/2020 16:42:10					
	HOW LONG BEFORE I CAN APPLY FOR TRUSTY AGAIN I DID NOTHING WRONG NOR DID I LIE ABOUT THE COMMISSARY LADY SHE JUST FORGOT THAT ME HAD THAT CONVERSATION ALOST 10 WEEKS AGO THERE IS NOTHING PYSICALLY WRONG WITH ME PLEASE DONT RESPOND WITH (YOUR REQUEST WILL BE SENT TO THE DR)"					
	Answered question/inquiry					
	"06/09/2020 17:26:50 For Dr. Lin response to your last request in regards to being a trusty. To work as a trusty is a privilege, not a right. You were found to have made false statements about Ms. Frerich and commissery position, and will not be approved to work as trusty. "					
	Slectronic Signature: Slectronically Approved by Ines Razo, NCMA on 06-09-2020 03:20:01 PM.					
Vitals:	Electronically signed by Wei-Ann Lin, Mb on 06-09-2000 10:09:15 PM (Type: Provider)					
Condition Related To:						
Dates:	Current Illness Date:					
,	1st Date Of Illness:					
	Unable To Work Dates:					
	Hospitalization Dates:					
Diagoosis;						
Procedures:						
Providers:	Attending Provider: LIN, MD, WEI - ANN, , ID:					
Facility:	Bastrop County Sheriff Office					
Encounter Type:						
Sign Off:	Signed Off By: WLBN on: 2020-06-09 Tue 10:09 PM					

Encounter		06-	07-2020 01:57 PM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
	Name: DANIEL BILLELA ZONIGA
	ID#: 62339
	DOB/Age: 07-14-1981 / 39 year old
	PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE
	Purpose: Medical Date/Time Collected: 06-07-2020 01:57 PM
	Medication Dosage Directions IRUPROFEN 800ME TAB 800ME TAB 800ME TAK 1 Tablet by mouth 2 times per day for 30 days Pre-dental, Melatonin 10mg 10mg Tak 1 Tablet by mouth 1 time per day for 365 days OLAMBARINE 10ME TAB 10ME TAB 10ME TAK 1 Tablet by mouth 1 time per day for 365 days OMEFRAZOSIN HCL 1ME CAP 1ME TAK 1 Capsule by mouth 1 time per day for 365 days TRAZODONE 50ME TAB 50ME TAK 1 Tablet by mouth 1 time per day for 365 days TRAILEPTAL 300ME TAB 300ME TAK 1 Tablet by mouth 2 times per day for 365 days
	Date/Time Triaged: 06-07-2020 01:57 PM Reason: Complaint Pisposition: "06/07/2020 13:42:14 REQUEST TO INCREASE MOTRIN TO 3 TIMES A DAY TOOTS PAIN STILL CONTINUES TO HURT AFTER ABOUT AN
	HOUR OF RELEIF PAIN GOES AWAY FOR ABOUT AN HOUR AND A HALF THE MOST AND THEN RETURNS" Answered question/inquiry: Refer for orders.
	Electronically signed by Lisz Barrigs, NCMA on 06-07-2020 01:59:04 PM (Type: Nurse)
	Increase Motrin 800 mg rid with oxiginal end date.
	Electronically signed by Wai-Ann Lin, MD on 06~07~2020 09:56:27 PM (Type: Provider)
	Notad: I/M informad via Med Tx form: Motrin 800 mg increased to tid with original end date.
W	Slactronically signed by Rosa Warren, MA on 06-07-2020 11:33:54 FM (Type; Nurse)
Vitals; Condition Related To;	
Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures;	
Providers:	Attending Provider: Barrigo, Lisa, NCMA, ID:
Facilitys	Bastrop County Sheriff Office
Encounter Type:	
Sign Off.	Signed Off By: RWARREN on: 2020-06-07 Sun 11:33 PM
ugu VIII	Defined and all social property on another and a real rate



06-03-2020 10:48 AM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:				
	NA DAMTET BITTETA GIBITGA				
	Name: DANIEL BILLELA ZUNIGA ID#: 62339				
	DOB/Age: 07-14-1981 / 38 year old				
	PATIENT ALLERGIES:				
	FISH				
	PHEMERGAN WORCESTERSHIRE SAUCE				
	Purpose: Medical Date/Time Collected: 06-03-2020 10:48 AM				
1	Medication Desage Directions				
Ì	IBUPROFEN 800MG TAB 900MG Take 1 Tablet by mouth 2 times per day for 30 days Fre-dental,				
1	Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days OLANZAPINE 10MG TAB 10mg Take 1 Tablet by mouth 1 time per day for 365 days				
į	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days				
	PRAZOSIN RC1 MG CAP 1MG Take 1 Capsule by mouth 1 time per day for 165 days				
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days				
	Date/Time Triaged: 06-03-2020 10:49 AM				
	Reason: Complaint Disposition:				
)	Per Medical Request - " 06/03/2020 09:42:31				
	I DONT UNDERSTAND, AM I APROVED OR NOT? THERES NOTHING PHYSICALLY WRONG WITH ME ALL MY COMPLAINTS ARE ABOUT FINANCIAL REASONS, NOT PHYSICAL INCAPABILITIES"				
	Answered question/inquiry Refer to Dr Lin.				
	Electronically signed by Dorena Martinez, NCMA on 06-03-2020 10:48:49 AM (Type: Nurse)				
	To work as a trusty is a privilege, not a right. Inmate was found to have made false statement about Ms. Frerich and commissary position, and will not be approved to work as trusty.				
	Electronically signed by Wei-Ann Lin, MD on 05-03-2020 02:28:54 FM (Type: Frowider)				
Vitals:					
Condition Related To:					
Dates:	Current Illness Date:				
	1st Date Of Illness:				
	Unable To Work Dates:				
	Hospitalization Dates:				
Diagnosis:					
Procedures:					
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:				
Facility:	Bastrop County Sheriff Office				
Encounter Type:					
Sign O/T:	Signed Off By: WLIN on: 2020-06-03 Wed 02:28 PM				

8	Encounter		06-	-03-2020 10:44 AM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:					
	Name: DANIEL BILLELA ZUNIGA					
	ID#: 62339					
	DOB/Age: 07-14-1981 / 38 year old PATIENT ALLERGIES:					
	FISH					
	PHENERGAN WORGESTERSHIRE SAUCE					
	WORDSIDENTAM GAUGE					
	Purpose: Medical Date/Time Collected: 06-03-2020 10:45 AM					
	Medication posage Pirections IBUPROFEN 800MG TAB 800MG Take 1 Tablet by mouth 2 times per day for 30 days Fre-dental,					
	Melatopin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 165 days					
	OLANZARINE 10M5 TAB 10M6 Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40M5 CAR 40M6 Take 1 Capsule by mouth 2 times per day for 365 days					
	PRAZOSIN HCL 1MG CAF 1MG Take 1 Capsule by mouth 1 time per day for 365 days					
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days					
	remained avoing and account take I leaded by mother 2 crues her gal rea according					
	Oate/Time Triaged: 06-03-2020 10:45 AM					
	Reason: Complaint Disposition:					
	Per Medical Request - "06/02/2020 19:47:50					
	I FEEL LIKE I AM BEING DISCRIMINATED AGAINST BY DR LIN, BECAUSE WE HAVE HISTORY SHE IS NOTALLOWING					
	ME TO WORK THERE IS NOTHING PHYSICALLY WRONG WITH ME TO BE WITHHELD FROM BEING A TRUSTY I WENT BACK AND FORTH WITH HER FOR ABOUT A MONTH ABOUT TAKING MODEY FROM ME, AND SHE IS COUNTING THEM AS					
	MEDICAL COMPLAINTS AND NOT ALLOWING ME TO MORK I UNDERSTAND THAT THESE NUMBER OF COMPLAINT COUNT					
İ	WHEN YOUR UP FOR A TRUSTY POSITION BUT MY CASE IS DIFFERENT I WAS COMPLAINING ABOUT FINANCIAL REASONS, NOT FOR PHYSICAL INCAPABILITIES CAN SOMEONE PLEASE ASK HER WHY I CANT GET A JOB AND					
	BETTER MYSELF TO GO HOME, BECAUSE IVE ALREADY ASKED HER TO GIVE ME A REASON WHY I CANT WORK AND BER ANSWER IS NO WITHOUT ANY SPECIFICATIONS"					
	Answered question/inquiry Refer to Dr Lin.					
	Electronically signed by Dorena Martinez, NCMA on 06-03-2020 10:45:47 AM (Type: Nurse)					
	To work as a trusty is a privilege, not a right. Inmate was found to have made false statement about Ms. Frerich and commissary position, and will not be approved to work as trusty.					
	Electronically signed by Wei-Ann Lin, MD on 06-03-2020 02:28:54 PM (Type: Provider)					
	Electronically signed by Dorena Martinez, NCMA on 06-03-2020 03:21:40 FM (Type: Nurse)					
Vitals:						
Condition Related To:						
Dates:	Current Illness Date:					
	let Date Of Illness;					
	Unable To Work Dates:					
en a grand a la company de br>La company de la company de	Hospitalization Dates:					
Diagnosis:						
Procedures;						
Providers:	Attending Provider: Martinez, Dorens, NCMA, ID:					
Pacility:	Bestrop County Sheriff Office					
Encounter Type:	-					
Sign Off:	Signed Off By: DMARTINEZ on: 2020-06-03 Wed ()3:21 PM					



06-03-2020 12:51 AM

2 ZU

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

le

Dictation:	Med Request:			
>>x-11(10M)	-			
	Name: DANIEL BILLELA ZUNIGA IDW: 62339			
	DOB/Age: 07-14-1981 / 38 year old			
	PATIENT ALLERGIES: FISH			
	PHENERGAN			
	WORCESTERSHIRE SAUCE			
	Purpose: Medical			
	Date/Time Collected: 06-03-2020 12:52 AM			
	Medication Dosage Directions			
1	Melatonin 10ng 10mg Take 1 Tablet by mouth 1 time per day for 365 days			
	OLANZAPINE 10MG TAB 10MG Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 40MG Take 1 Capaule by mouth 2 times per day for 365 days			
	PRAZOSIN HCL IMG CAF IMG Take 1 Capsule by mouth 1 time per day for 365 days			
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days			
	TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days			
	Date/Time Triaged: 06-03-2020 12:52 AM			
	Reason: Complaint			
	"06/02/2020 16:32:21 REQUEST TO EXTEND IBREPROPHINE ANOTHER 30 DAYS STILL HAVE TOOTH PAIN DUE TO DENTIST NOT BEING			
ł	ABLE TO EXTRACT IT DENTIST TOLD ME TO GET BACK ON LIST FOR THE END OF THIS MONTH, HE WILL HAVE			
	PROPER EQUIPMENT TO EXTRACT CAN WE RAISE THE DOSAGE THIS TIME I WAS STILL HAVING TOOTH PAIN TROUGHOUT THE DAY ALSO WHAT IS GOING ON WITH MY TRUSTY APROVAL IVE DONE NOTHING TO PROVENT ME A POSITION NOR IS THERE ANYTHING ENYSICALLY WRONG WITH ME THANKS"			
	Disposition:			
	Start Mobrin 800mg BID Pre-Dental: RE:Trusty approval; Per M/O Harros;			
	"I/M not cleared for trusty work due to, too many medical complaints"			
	Electronically migned by Rosa Warren, MA on 06-03-2020 12:59:55 am (Type: Nurse)			
	Electronically signed by Wei-Ann Lin, MD on 06-03-2020 02:28:55 PM (Type: Frovider)			
Vitals:				
Condition Related To:				
Dates:	Current Illness Date;			
	1st Date Of Illness:			
	Unable To Work Dates:			
	Hospitalization Dates:			
Diagnosis:				
Procedures:				
Providers:	Attending Provider: Warren, Ross, MA, ID:			
Facility:	Bastrop County Sheriff Office			
Encounter Type:				
Sign Off:	Signed Off By: WLIN on: 2020-06-03 Wed 02:28 PM			

Encounter		06	-01-2020 04:45 PM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation;	Med Request:			
DAC STAY SEM AM (
	Name: DANIEL BILLELA ZUNYGA ID#: 62939			
	DOB/Age: 07-14-1981 / 38 year old			
	PATIENT ALLERGIES:			
	FISH			
	PHENERGAN WORCESTERSHIRE SAUCE			
	Purpose: Medical			
	Date/Time Collected: 06-01-2020 04:45 PM			
	Medication Domage Directions			
	Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days			
	OLANZAPINE 10MG TAB 10MG Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 40MG Take 1 Capaule by mouth 2 times per day for 365 days			
	PRAZOSIN HCL lMG CAF 1MG Take I Capsule by mouth 1 time per day for 365 days			
	TRAZODONE 50MG TAB 50MG Take I Tablet by mouth I time per day for 365 days			
	TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days			
	Oste/Time Triaged: 06-01-2020 04:45 PM Reason: Inquiry			
	Disposition:			
	06/01/2020 19:22:30			
	"I DID SPEAK WITH HER ABOUT HELPING IN COMMISSARY BACK IN APRIL SHE TOLD ME JUST TO APPLY BECADSE I AM BILINGUAL SHE SAID SHE WILL SEE WHAT SHE CAN DO MAYBE SHE FORGOT, IT HAS BEEN ALMOST 2 MONTHS THATS ONE OF THE REASONS WHY I APPLIED FOR TRUST I DONT HAVE TO LIE ABOUT ANYTHING TO GET A JOB I CAN DO ANY POSITION WHAT MEDICAL COMPLAINTS ARE YOU TALKING ABOUT I KNW I HAVE A LOT OF BACK AND FORTH COMPLAITS BUT ITS ABOUT FINANCIAL REASONS, NOT PHYSICAL INCAPABILITIES WHAT ARE YOU SAYING IS PHYSICALY WRONG WITH ME THAT IS KEEPING ME FROM WORKING"			
	Answered question/inquiry			
	06/01/2020 16:44:47			
	"Your response has been documented."			
	Electronic Signature:			
	Electronically Approved by Alanna Dickinson, NCMA on 06-01-2020 04:45:56 PM.			
***************************************	Electronically signed by Wei-Ann Lin, MD on 06-02-2020 08:15:51 PM (Type: Provider)			
Vitals:				
Condition Related To:				
Dafes;	Current Illness Date:			
	1st Date Of Illness:			
	Unable To Work Dajes:			
	Hospitalization Dates:			
Diagnosis:				
Procedures:				
Providers:	Attending Provider: Dickinson, Alanna, NCMA, ID:			
Facility:	Bastrop County Sheriff Office			
Encounter Type:				
Sign Offi	Signed Off By: WLIN on: 2020-06-02 Tue 08:15 PM			

06-01-2020 12:22 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:
Dictation:	Med Request: Name: DANIEL BILLELA ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE Purpose: Medical Date/Time Collected: 06-01-2020 12:22 FM Medication Medication Medication Donage Directions Melatonin long 10mg Take 1 Tabler by mouth 1 time per day for 365 days OLANZAFINE 10MG TAB 10MG Take 1 Tabler by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 10MG Take 1 Capsule by mouth 2 times per day for 365 days TRAZODONE SONG TAB 50MG Take 1 Tabler by mouth 1 time per day for 365 days TRALEPTAL 300MG TAB 300MG Take 1 Tabler by mouth 2 times per day for 365 days TRILEPTAL 300MG TAB 300MG Take 1 Tabler by mouth 2 times per day for 365 days Date/Time Triaged: 06-01-2020 12:22 PM Reason: Inquiry Disposition: 06/01/2020 10:42:31 "IM I APPROVED FOR TRUSTY ? IF NOT PLE SPECIES WHY" Answered Question/inquiry 06/01/2020 12:21:46 "You had previously reported that you spoke with Ms. Frerich about a commissary position. On 05/28/2020 it was verified with Ms. Frerich that there was not a discussion ebout a reported commissary position. We have to document this as a false statement and therefore you cannot work as a trusty. There was also multiple medical complaints. To work as a trusty is a privilege, not a right. Thank you."
	Electronic Signature: Electronically Approved by Alanna Dickinson, NCMA on 06-01-2020 12:22:37 PM.
	Electronically signed by Wei-Ann Lin, MD on 06-01-2020 12:41:25 PM (Type: Frovider)
	Elactronically signed by Wei-Ann Lin, MD on 06-01-2020 01:37:10 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dafeşi	Current Illuess Date: Ist Date Of Illuess: Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Dickinson, Alanna, NCMA, 1D:
Facility:	Bastrop County Sheriff Office
Encounter Type:	\\\\\\\\\\
Sign Qff:	Sigued Off By: WLIN on: 2020-06-01 Mon 01:37 PM
_ 	large.



05-31-2020 10:29 PM



ZUNIGA, DANIEL BILLELA

SO Number# 62339

Gender: Male

Dicintion:	NURSE PROGRESS NOTE: clanzapine
	Name: DANIEL BILLELA 2001GA
	ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	Date/Time: 05-31-2020 Sun / 10:29 PM
	PATIENT ALLERGIES: FISH FHENERGAN WORDSTERSBIRE BAUCE
	Medication Dosage Directions
I	Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 40MG Take 1 Capaule by mouth 2 times per day for 365 days
1	PRAIOSIN HCL lms CAF 1MG Take 1 Capaule by mouth 1 time per day for 363 days
1	TRAZODONE 50MG TAB - 50MG Take 1 Tablet by mouth 1 time par day for 365 days
	TRILEPTAL 300MG TAB 300MG Take 1 Tabler by mouth 2 times per day for 365 days
	5/21/2020 MHMR visit, I/M started on clanzapine 5 mg po qha w/ plans to double dose the next week. 5/26/2020 MHMR visit, I/M was to start the increased dose of clanzapine 10 mg po qhs. MAR updated. Med ordered. Med started from supply on hand. Medical tx form completed to remind of increase in doeage.
	Electronically Approved by Karen Ries, LVN on 05-31-2020 10:35:54 PM.
	Electronically signed by Wei-Ann Lim, MD on 06-01-2020 12:40:53 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness;
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Altending Provider: Ries, Karen, LVN, ID:
Facility;	Bastrop County Sheriff Office
Encounter Type:	
Sign Offi	Signed Off By: WLIN on: 2020-06-01 Mon 12:40 PM

8	Encounter		05-	30-2020 04:15 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
	Nama: DANIEL BILLELA ZUNIGA
	ID#: 62339
	DOB/Age: 07~14~1981 / 38 year old
	PATIENT ALLERGIES:
	FISH
	PHENERGAN WORCESTERSHIRE SAUCE
	Purpose: Medical Date/Time Collected: 05-30-2020 04:16 PM
	Medication Dosage Directions Medication 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days FRAZOSIN HCL 1MG CAP 1MG Take 1 Capsule by mouth 1 time per day for 365 days
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days
	Date/Time Triaged: 05-30-2020 04:16 PM
	Reason: Inquiry Disposition:
	Fer Medical Request - "05/30/2020 15:45:14 OK SINCE MS PHARUS ALREADY FILLED THE COMMASSARY FOSITION CAN I STILL WORK ANOTHER POSITION THERE IS NOTHING PHYSICALLY WRONG NITH ME I DONT UNDERSTAND WHY I MASNT APPROVED I KEEP GETTING PASSED UP BECAUSE OF SOME MEDICAL REASON, WMY? AM I APPROVED TO WORK OR NOT IF NOT MAY YOU PLEASE SPECIFY WHY IF IM APPROVED CAN YOU PLEASE LET MS GRIFFITH KNW ASAP. THANKS"
	Answered guestion/inquiry Refer to Dr Lin re: being a trusty.
	Electronically signed by Dorena Martinez, NCMA on 05-20-2020 04:18:07 PM (Type: Nurse)
	To work as a trusty is a privilege, not a right. Inmate has been lying about Ms. Frenich and will not be approved to work as trusty.
	Electronically signed by Weir-Ann Lin, MD on 06-01-2020 12:06:12 FM (Type: Provider)
	See Medical Request response 06/01/2020 at 12:22PM
	gignature:
	Slactronic Signature:
Vitals:	Electronically Approved by Alanna Dickinson, NCMA on 06-01-2020 12:31:07 PM.
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
T	Hospitalization Dates:
Dingnosis:	
Procedures:	La Den Charles Van Denka Pro
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:
Facility:	Bustrop County Sheriff Office
Encounter Type:	ST. LOWD. ADDITIONAL AND ACCOUNT.
Sign Off:	Signed Off By: ADICKINSON on: 2020-06-01 Mon 12:31 PM

S .	Encounte
La Mary	

05-28-2020 10:42 AM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation: Med Request: Name: DANIEL BILLELA 20NIGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old					
ID#: 62339 DOB/Age: 07-14-1981 / 38 уват old					
DOB/Age: D7-14-1981 / 36 уеат old	ID#: 62339				
PATTENT ALLERGIES:					
FISH					
PHENERGAN					
WORCESTERSHIRE SAUCE					
Purpose; Medical					
Date/Time Collected: 05-28~2020 10:42 AM					
Madication Dosage Directions					
IBUPROFEN 600MG TAB 600MG Take 1 Tabler by mouth 2 times par day for 30 da					
Melatonin lûmg 10mg Take 1 Tablet by mouth 1 time per day for 365 da OMEFRAZOLE 40MG CAF 40MG Take 1 Capaule by mouth 2 times per day for 365					
PRAZOSIN HCL 1MG CAP 1MG Take 1 Capaule by mouth 1 time per day for 365 d					
TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time par day for 365 da					
TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 rimes per day for 365 d	lays				
Pate/Time Triaged: 05~28-2020 10:42 AM					
Reason: Complaint					
DIEDOSITION: "US/28/2020 US:SI:39 DR LYNN	Disposition: "05/28/2020 09:51:39 DR LYNN				
IS THERE A REASON WHY I CAN'T BE RELEASED TO BE A TRUSTY ?					
PLEASE SPECIFY WHY I JUST MEED TO DO SALINE WHICH I BUY OFF COMMISSARY	MY TUAN TO BE TRUSTY				
	MAS PASSED ME UP SEVERAL TIMES ALREADY COMMASSARY SGNT FARRIS IS WAITING FOR ME TO BE AFROVED				
BECAUSE I AM BILINGUAL SHE SAID I CAN HELP HER TEAM A LOT BECAUSE I SPEAK AND SPANISH PLEASE DONT LET ANY BAD HISTORY INTERFERE WITH ME GETTING A J MYSELF THERE IS NOTHING PHYSICALY WRONG WITH ME I DONT UNDERSTAND T	OR AND TRYING TO BETTER				
Answered question/inquiry; Refer for orders.					
Dlectronically signed by Lisa Barriga, NCMA on 05-28-2020 10:46:28 Am (Type:	harae)				
Verified with Ms. Frerich, and she never talked to inmete regarding commisse	ry trusty position.				
Electronically signed by Wei-Ann Lin, MD on 05-28-2020 ll:54:41 FM (Type: Pr	ovider)				
Electronically signed by Dorena Martinez, NCMA on 05-29-2020 D3:30:37 FM (Ty	ype: Nurse)				
Vitals:					
Condition Related To:					
Dates: Current Illness Date:					
Ist Date Of Illness:					
Unable To Work Dates:					
Hospitalization Dates:					
Diagnosis:					
Procedures:					
Providers; Altending Provider: Barriga, Lisa, NCMA, ID:					
Facility: Bastrop County Sheriff Office					
Encounter Type:					
Sign Off: Signed Off By: DMARTINEZ on: 2020-05-29 Fri 03:30 PM					

Encounter	
ZIMICA	T) A

05-28-2020 10:06 AM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	NURSE PROGRESS NOTE: Dental				
	Mame: DANIEL BILLELA 2UNIGA				
	Th: 62339				
	D02/Age: 07-14-1901 / 30 year old				
	Date/Time: 05-28-2020 Thu / 10:06 AM				
	PATIENT ALLERGIES: FISH				
	PHENERGAN WORCESTERSHIRE SAUCE				
	Medication Dosage Directions IBUPROFEN 600MG TAB 600MG Take 1 Tablet by mouth 2 times per day for 30 days until seen by dentist				
	Melatonin 10mg 10mg Take 1 Tablet by mouth 1 time per day for 365 days OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days				
1	PRAZOSIN HCL 1MG CAF 1MG Take 1 Capsule by mouth 1 time per day for 365 days				
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days				
	TRILEPTAL 300MG TAB 300MG Take 1 Tablet by mouth 2 times per day for 365 days I/M to medical for dental, after speaking with Dentlet decided not to be seen.				
	Electronically signed by Olivia Marros, CMA on 05-28-2020 10:10:01 AM (Type: Nurse)				
	Electronically signed by We <u>i-Ann Lin, MD</u> on 05-29-2020 02:36:54 PM (Type: Provider)				
Vitals:					
Condition Related To:					
Dates:	Current Illness Date:				
	1st Date Of Illness:				
	Unable To Work Dates:				
Diagnosis:	Hospitalization Dates:				
Procedures:					
Providers:	Attending Provider: Harros, Olivia, CMA, ID:				
Facility:	Bastrop County Sheriff Office				
Encounter Type:					
Sign Off:	Signed Off By: WLIN on: 2020-05-29 Fri 02:36 PM				

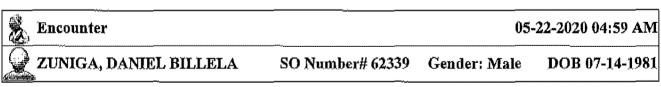
Encounter			05	-27-2020 08:50 AM
7 Ms	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-198
Dietafion:	NURSE PROGRESS NOTE: TIU	sty		***************************************
	Name: DANIEL BILLDSLA ZU ID#: 62339 DOB/Age: 07-14-1981 / 3 Date/Time: 05-27-2020 N	8 year old		
	PATIENT ALLERGIES: FIIH PHENERGAN MORCESTERSHIRE SAUC	ε		
	IBUFROTEN 600MG TAB 600 Melatonin 10mg 10m OMEPRAZOLE 40MG CAF 40M FRAZOSIN HCL 1MG CAF 1MG TRAZODONE 50MG TAB 50M TRILEPTAL 300MG TAB 300 I/M not cleared for trus	Take 1 Tablet by mouth 1 t. G Take 1 Capsule by mouth 2 trake 1 Capsule by mouth 1 t. G Take 1 Tablet by mouth 1 t.	ime per day for 365 da times per day for 365 da time per day for 365 d ime per day for 365 da imes per day for 365 da al complaints.	ys days ys ays
	1	wsi-Ann Lin, MD on 05-27-2020		
Vitals:				
Condition Related To:		7 1		Ý V

Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers;	Altending Provider: Harros, Olivia, CMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type;	
Sign Off:	Signed Off By: WLIN on; 2020-05-27 Wed 02:31 PM

Encounter	Encounter 05-26-2020 09:03 A			26-2020 09:03 AM
	ANIEL BILLELA	SO Number# 62339		DOB 07-14-1981
Dictation:	NURSE PROGRESS NOTE: Fsych			
	Name: DANIEL BILLELA ZUNI ID#: 62339 DDB/Age: 07-14-1901 / 30 Date/Time: 05-26-2020 Tue PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE Medication Dosag IBUPROFEN 600MG TAB 600MG Melatonio 10mg 10mg OMEPRAZOLE 40MG CAP 40MG PRAZOSIN HCL 1MG CAP 1MG TRAZODONE 50MG TAB 50MG TRILEPTAL 300MG TAB 300MG I/N to medical for psych v VITAL SIGNS: Weight 2 Height 6 BMI 2 BSA (Mosteller) 2 BSA (DuBois) 2 Electronically signed by O	GA year old / 09:03 AM e Directions Take 1 Tablet by mouth 2 to take 1 Tablet by mouth 1 to take 1 Capsule by mouth 1 to take 1 Capsule by mouth 1 to take 1 Tablet by	lme per day for 365 day fimee per day for 365 day fimee per day for 365 day ime per day for 365 day imee per day for 365 day anned.	s leys ys 's ys Nurse)
Vitals:	Weight: 208 lbs Height: 6 ft 0 in		· National Action in the Control of	
Condition Related To:				
Dates:	Current Illness Date; 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:			·
Diagnosis:				·
Procedures:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Providers:	Attending Provider: Harros, Olivia	, CMA, ID:		
Facility:	Bustrop County Sheriff Office	·		······································
Encounter Type:		anneanneanneanneanneanneanneanneanneann	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************
Sign Off.	Signed Off By: WLIN on: 2020-0	5-26 Tue 04:41 PM		***************************************

8	Encounter	05-22-2020 03:09 PM		
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

[Dictation:	NURSE PROGRESS NOTE:Nasal saline		
~ 12.11.11v	Name: DANIEL BILLELA ZUNIGA		
	TON: 62339		
İ	DOB/Age: 07-14-1981 / 38 year old		
	Date/Time: 05-22-2020 Fr1 / 03:09 PM		
	PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE		
	Medication Dosage Directions IBUPROFEN 600MG TAB 600MG Take 1 Tablet by mouth 2 times per day for 30 days until seen by dentist Melatonin long 10mg Take 1 Tablet by mouth 1 time per day for 365 days OLANZAPINE 5MG TAB 3MG Take 1 Tablet by mouth 1 time per day for 5 days. Janica plans to increase to 10mg on 5/26/20. Waiting for order to do so.		
	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days		
	FRAZOSIN MCL 1MG CAP 1MG Take 1 Capsule by mouth 1 time per day for 365 days		
	TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days		
	TRILEPTAL 150MG TAB 150MG Take 1 Tablet by mouth 2 times per day for 3 days		
	Medical received call from I/M spouse stating that her husband is requesting to use saline again. But is afraid of putting in request due to last time using was reportedly put in lock down to use. Spouse states is able to provide saline if husband is allowed to use it. Refer for orders.		
	Electronically signed by Lisa Barriga, NCMA on 05-22-2020 03:12:34 PM (Type: Nurse)		
	Inmate needs to request saline rinse by writing medical request via Kiosk, and he will need to stay in lockdown due to all the equipment used for saline rinse.		
	Electronically signed by Wei-App Lin, MD on 05-24-2020 09:45:21 PM (Type: Provider)		
	Noted: I/M informed via Madical tx form.		
	SIGNATURE:		
	Elembronically signed by Rosa Warren, MA on 05-25-2020 03:34:21 AM (Type: Norse)		
Vitals:			
Condition Related To:			
Dates:	Current Illness Date; Ist Date Of Illness: Unable To Work Dates: Hospitalization Dates:		
Diagnosis:	720		
Procedures:			
Providers:	Attending Provider: Barriga, Lisa, NCMA, ID:		
Facility:	Bashop County Sheriff Office		
Encounter Type:			
Sign Off:	Signed Off By; RWARREN on: 2020-05-25 Mon 03:34 AM		



Dictation:	NURSE PROGRESS NOTE; meds
	Name: DANIEL BILLELA ZUNIGA
	χρή: 62339
	DOB/Age: 07-14-1981 / 30 year old
	Date/Time: 05-22-2020 Fri / 04:59 AM
	FATIENT ALLERGIES;
	F19H PHENDRGAN
	WORCESTERSHIRE SAUCE
	Medication Dosage Directions
	IBUPROFEN 600MG TAB 600MG Take 1 Tablet by mouth 2 times per day for 30 days until seen by dentist
	Melatonin 10mg 10mg Take 1 Table: by mouth 1 time per day for 365 days OLANZAPINE 5MG TAB 5MG Take 1 Tablet by mouth 1 time per day for 5 days. Janice plane to
	increase to 10mg on 5/26/20. Waiting for order to do so.
	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days
	PRAZOSIN HCL 1MG CAF 1MG Take 1 Capauls by mouth 1 time per day for 365 days TRAZODONE 50MG TAB 50MG Take 1 Tablet by mouth 1 time per day for 365 days
	TRILEPTAL 150MG TAB 150MG Take 1 Tablat by mouth 2 times per day for 3 days
	During 2100 med pass on 5/21/2020, I/M asked for list of his current meds. I/M was seen by psych that and meds were changed. Medical tx form completed to inform I/M. Electronically Approved by Karen Ries, LVN on 05-22-2020 05:00:36 AM.
	Electronically signed by Wei-Ann Lin, MD on 05-24-2020 09:45:20 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates	Current Illness Date:
	1st Date Of Illness:
)	Unable To Work Dates:
***************************************	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Ries, Karen, LVN, ID:
Pacility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-05-24 Sua 09:45 PM

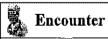
Encounter			05	-21-2020 10:40 AM
ZUNIGA, I	DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dietation:	IBUPROFEN 600MG TAB 600MG Melatonin 10mg l0mg OMEPRAZOLE 40MG CAP 40MG I/M to medical for paych Electronically Approved 1	NGA I year old nu / 10:40 Ak	me per day for 365 days imes per day for 365 da one scanned, 20 10:40;46 AM.	g nys
Vitals:				
Condition Related To:				

Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: White, Mark, LVN, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-05-21 Thu 10:10 PM

Enco	counter 05-13-2020 03			
ZUNI	IGA, DANIEL BILLELA S	O Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	NURSE PROGRESS NOTE:MHMR Scree	ning		
		actions cotions 1 Tablet by mouth 2 ti. 1 Tablet by mouth 1 ti. 1 Capsule by mouth 2 t via video teleconferenc Mental Health - Psychiat	me per day for 365 day: imes per day for 365 da e. I/M referred to Psyc	s 193
}	Slectronically signed by Lisa	Barriga, NCMA on 05-13-2	020 03:56:07 PM (Type:	Nurse)
	Slactronically signed by Wei-F	un Lin, MD on 05-14-2020	10:08:01 PM (Type: Pro	ovider)
Vitals:		- 1		,
Condition Relat	ted To:	Carlotte And Carlo		
Dates:	Current Illness Date: 1st Date Of Illness: Upable To Work Dates: Hospitalization Dates:			
Dingnosis:			,	
Procedures:		*************************************		V.E
Providers:	Attending Provider: Barriga, Lisa, NCA	1A, 10;		· · · · · · · · · · · · · · · · · · ·
Facility:	Bastrop County Sheriff Office	x	***************************************	
Encounter Type			<u> </u>	
Sign Off:	Signed Off By: WLIN on: 2020-05-14	Thu 10:08 PM		*

X.	Encounter		05-	-09-2020 06:00 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:	
	Name: DANIEL BILLELA ZUNIGA	
	ID#: 62339 DOB/Age: 07~14~1981 / 38 year old	
	bodinge. Vintarisal / to year old	
	PATIENT ALLERGIES:	
	FISH PHENERGAN	
	WORCESTERSHIRE SAUCE	
	Purpose: Medical	
	Date/Time Collected: 05-09-2020 06:00 PM	
	Médication Dosage Directions	
	TBDPROFEN 500MG TAB 600MG Take 1 Tablet by mouth 2 times per day for 30 days until seen by dentist OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days	
	Date/Time Triaged: 05-09-2020 D6:00 PM Resson: Inquiry	
	Disposition: 05/09/2020 17:17:47	
	"SO CAN YOU GIVE ME MAYBE MELETOMIN OR SOMETHING FOR NOW TO HELP ME SLEEP ? OR DO I REALLY HAVE TO SEE DR LYNN ? ALSO IM OK WITH THE \$10 FEE TO SEE THE DENTIST. JUST AS LONG AS IM NOT CHARGED UNTIL IVE BEEN SEEN BY HIM THX, MR ZUNIGA"	
	Answered question/inquiry	
	05/09/2020 10:00:33	
	"You do not have to see Dr. Lin. You have been started on Melatonin 10mg one pill every night make the mith also been placed on the MHMR screening list."	
	Placed on MHNR Screener list.Order Type - MHMR Screener	
	Instructions ~ Mental Health - Professional	
	Electronic Signature: Electronically Approved by Alanna Dickinson, NCMA on 05-09-2020 06:02:52 PM.	
	Electronically signed by Wei-Ann Lin, MP on 05-10-2020 07:55:22 PM (Type: Provider)	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date:	
	1st Date Of Illness:	
	Unable To Work Dates:	
TV transporter	Hospitalization Dates;	
Diagnosis:		
Procedures: Providers:	Attending Provider: Dickinson, Alanna, NCMA, ID;	
Facility:	Bastrop County Sheriff Office	
Encounter Type:	0:	
Sign Off:	Signed Off By: WLIN on: 2020-05-10 Sun 07:55 PM	



05-09-2020 01:58 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Med Request: Dictation: Name: DANIEL BILLELA ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE Purpose: Medical Date/Time Collected: 05-09-2020 01:58 pm Medication Dosage Directions CMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days Date/Time Triaged: 05~09-2020 01:58 PM Reason: Complaint Disposition: 05/09/2020 08:46:38 "I MAVE A WISDOM TOOTH THAT HAS TO BE REMOVED IMMEDIATLY. HOW WOULD I GO ABOUT DOING SO... IM starting to get food backed up into it causing much pain and is keeping me up ost of the night. Ive TRIBD ORAGEL ALREADY AND ITS NOT EVEN CLOSE TO WORKING ANYMORE, THE" Medical Response: 05/09/2020 9:57:13 "duplicate" Inmate's Appeal: 05/09/2020 12:58:05 YYES PLEASE PLACE ME ON THE WAITING LIST TO SEE THE DENTIST (NOT DR LYNN). AND YES, ALSO PLACE ME ON THE PAIN RELEIVERS YOU GUYS HAVE. WHILE IM ME'RE ON THE SUBJECT, I ALSO HAVE BAD ALERGIES AND HAVE had trouble sleeping since I was kid. Im unable to reach a stage 4 deep bleep without an aid as well. I knw this because ive had several sleep studies done and I dont breath well in my sleep, due to my nose being broken a few times as a borer in the norld. So whatever you can recomend that helfs, alergies, severe pain, anxiety, and elber all at once is fine for me. While I already have YOUR ATTEN PLEASE PLACE ME ON THE WAITING LIST TO SEE THE SPHYC OR BECAUSE I TAKE ANTIDEPRESSENTS and other mental medications prescribed to me by MHMR (bluebonnet trails) that I take at Home. I was INFORMED THAT THEY HAVE ALREADY SENT ME MENTAL AND PHYSICAL RECORDS TO THE JAIL. IF NOT YOU HAVE MY FERMISSION TO REQUEST A MEDICAL RELEASE FORM... THE ALOT, MR ZUNIGA" Answered question/inquiry lo5/09/2020 13:58:21 "You have been started on Ibuprofen 600mg one pill twice a day for the morning and at night until seen by the dentiat, this will be a \$3 charge. You have been placed on the dental list which will cost \$10 to see the dentist. Continue to take the Zyrtec you had purchased from commissary on 05/07/2020 once a day until gone for your allergies, if you do not have a relief of symptoms then you may put in another medical request. Your request for a sleeping aid and request to see MHMR has been referred to the doctor for orders. Thank you." Inmete has been here for 36 days. There is a verified mental health diagnosis per scanned documents tab 08/09/2019 of generalized anxiety and savete major depression w/o psychosis. Par Odyssey inmate has purchased hasal spray on 04/30/2020 from commissary and has purchased Zyrtec 14 day supply on 05/07/2020 from commissary. Refer MHMR placement and sleep aid request to Dr. Lin for orders. Place on Denath List.Order Type - Dental - Sick Call Visit Instructions -Dental - Sick Call Visit: dental pain requesting extraction Electronic Signature: Electronically Approved by Alanna Dickinson, NCMA on 05-09-2020 02:03:04 PM. Start Melatonin 10 mg qhs, and place on MHMR screening list. Electronically signed by Wei-Ann Lin, MD on 05-09-2020 05:59:41 FM (Type: Provider) SIGNATURE: Electronic Signature: Electropically Approved by Alanna Dickinson, NCMA on 05-09-2020 06:16:07 PM. Vitals: Condition Related To:

Dates:	Current Hiness Date: Ist Date Of Illness: Unable To Work Dates; Hospitalization Dates;
Diagnosis:	
Procedures;	
Providers;	Attending Provider: Dickinson, Alanna, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: ADICKINSON on: 2020-05-09 Sat 06:16 PM

1,000,000	Encounter			05	-09-2020 09:58 AM
	ZUNIGA, 1	DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation	14	Med Request:		γ.	
		OMEPRAZOLE 40MG CAP 40MG Date/Time Triaged: 05-09 Reason: Complaint Disposition:"05/09/2020 I NEED TO HAVEA WISDOM T SORE IF I WAD TO FILE A COMMISARY TO CLEEN OUT T ANY SIEEP NOW." Answered question/i pain? Debtist comes once on dental list? There is	8 year old E -09-2020 09:58 AM gg Directions Take 1 Capsule by mouth 2 to	ALREADY SENT MEDICAL, I AGEL IS NOT WORKING AND USING A GREAT AMOUNT OF Ld you like to be start did not come last mont and \$3.00 administrati	A REQUEST BUT IM NOT MORE, THERES NOTHING ON FAIN. IM NOT GETTING sed on ibuprofen for th. Would you like to be on fee for medications.
		Electronically signed by	Wei-Ann Lin, MD on 05-09-2020	05:58:41 PM (Type: Pro	ovider)
Vitals:				-	
Conditio	n Related To:				Į
Dates:		Current Illness Date: 1st Date Of Illness; Unable To Work Dates; Hospitalization Dates;		7.	
Diagnosi	ls:				
Procedu	res:				
Provider	'S':	Attending Provider: Barriga, Lis	a, NCMA, ID:	~	
Facility:		Bastrop County Sheriff Office			,,
Encount	er Type:		aannaannaannae de seemaannaannaannaannaannaannaannaannaanna		
Sign Off		Signed Off By: WLIN on: 2020	0-05-09 Sat 05:58 PM		

Encounter	05-05-2020 12:05 AM		
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
	Name: DANIEL BILLELA ZUNIGA
	ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	FISH
	PHENERGAN WORGESTERSHIRE SAUCE
	Purpose: Medical Date/Time Collected: 05-05-2020 12:05 AM
	Medication Domage Directions OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times pax day for 365 days
	Date/Time Triaged: 05-05-2020 12:05 Am Reason: Inquiry
	Disposition: Fer I/M's medical request: "05/04/2020 13:13:11 ATTENT LT OR CPT
	I HAVE BEEN GOING BACK AND FORTH WITH DR LYNN ABOUT RETURNING MY MONEY THAT MEDICAL TOOK FROM ME DURING INTRAC. YES THIS HAS BEEN A 3 WEEK DISPLIE. MEDICAL CLAMES I WAS FLACED THERE TO BE TREATED FOR A COUGH THAT ICOMPLATURE ABOUT DURING INTRAME. TRUTH OF THE MATTER IS, WHILE I WAS BEING BOOKED, I ACCIDENTLY COUGHED AND THEY MANDED ME A MASK WHEN I LOOKED AROUND, EVERYONE AROUND ME WAS WEARING ONE SO I DIDN'T THINK NORTHING OF IT BOOKING TOLD ME THAT I WASHI GOING TO BE PLACED IN POPULATION RIGHT AWAY THEY ASKED ME HOW LONG HAVE I HAD THIS COUGH. I RESPONDED, I DON'T HAVE A COUGH AND MY VOICE IS ALWAYS HOARSE FROM AN OLD BOKING INJUKY WHICH SOMETIMES MAKES IT HARD FOR ME TO SWALLON THEREFOR CAUSING ME TO COUGH. THEY TOLD ME NOT TO WORRY AND THAT EVERYONE WHO COMES TO JAIL HAD TO BE QUARANTINED UNTILL RELEASED TO FOPULATION BY A MEDICAL PROFESSIONAL I UNDERSTOOD COVIDIS WAS A THREAT BUT I STILL ASKED WHY I WAS NOT GOING TO POPULATION TO HEAR THE RESPOSE VERBALY THE ANSWER I WAS GIVEN WAS "THIS IS THE NEW S.O.F" I RETIRED AS A TRAINER FROM HED DISTIBUTION IN 2018 AND I AM FAMILIAR WITH THE TERM, SCADIEDED OFFERATIONAL FROCEDURE AND I DIDN'T HAVE TO ASK WHAT THAT MEANT, SO I PROCEEDED TO MEDICAL UNDER THE IMPRESSION I WAS BEING QUARANTINED AROUND 5 DAYS LATER I WAS EXAMINED BY DR LYNN AND LABELED WELL AND OKAY TO BE HOUSED IN POPULATION WHILE I WAS THERE I WAS MEVER ASKED ANYTHING ABOUT A COUGH NOR WAS I EVER TREATED FOR OUR OUT RIGHT THERE AND THEN THAT I WAS ONDER OBSERVATION FOR A COUGH NOR WAS I EVER TREATED FOR OUR OUT RIGHT THERE AND THEN THAT I WAS UNDER OURS CUT SEEN SWOLLEN, IF I WERE I WOULD HAVE FOURD OUT RIGHT THERE AND THEN THAT I WAS ONDER OBSERVATION FOR A COUGH NOR WAS I EVER TREATED FOR DURANTINE. I HAD A SINGAL CELL AND WAS NOT ALLOWED TO LEAVE NOT EVEN FOR REC WHICH I BELIEVE WAS AGAINST THE LAW ANYWAY BECAUSE EVEN THOUGH I WAS UNDER QUARANTINE IT STILL WASNIT FAIR TO BE UNDER 24 ACCOUNT I HAVE LIVE FOR THE IN MILE ME IN JAIL AFTER ABOUT 2 WEEKS OF THE RUN ARO
	Electronically signed by Julia Duran, MA on 05-05-2020 12:05:56 AM (Type: Nurse)
	Electronically aigned by Wei-Ann Lin, MD on 05-05-2020 06:02:48 FM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
25.1	Hospitalization Dates:
Diagnosis:	
Procedures:	An alia Davida D
Providers:	Attending Provider: Duran, Julia, MA, JD:
Facility:	Bestrop County Sheriff Office
Encounter Type:	9'
Sign Off:	Signed Off By: WLIN on: 2020-05-05 Tue 06:02 PM

Encounter	05-04-2020 01:37 PM		
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
	Name: DANIEL BILLELA 20NTGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old PATIENT ALLERGIES:
	PATENT ALERGIES: PHENERGAN WORCESTERSTEE SAUCE
	Purpose: Medical Date/Time Collected: 05-04-2020 01:37 PM
	Medication Posage Directiona OMEFRAZOLE 40MG CAF 40MG Take 1 Capaule by mouth 2 times per day for 365 days
	Date/Time Triaged: 05-04-2020 01:37 PM Reason: Complaint Disposition: 05/04/2020 12:38:20 Your still not answering MY QUESTIONS How was I treated for a four day cough? What was I given? Why did it take so Long to see a Dr if that Is the case You havent shown me anymning and a Receipt where you took MY MoneyAnd yes I have already filed a greavence so please be ready to Show them how you treated me for a 4 day cough as a matter of fact I think u are bitch dr lynn and you don't deserve to practice medicine with your fucked up attitude anymore. For all we knw you Need to be under observation because you are the main canidate to bring the corona virus in this jail U asian bitch I fuckin hate people who use there power to do and take what they want. And if you Beleived in MY god, ill see you hellgod bless you" Answered question/inquiry: Your request for documentation has been answered several times. If you are unhappy with the response medical has given. You are welcome to put in a grievance to the lt or Captain. Electronically signed by Lisa Barrigs, NCMA on 05-04-2020 01:38:46 FM (Type; Nurse)
Vitals:	Electronically signed by Wei-Ann Lin, ND on 05-04-2020 01:52:28 PM (Type: Provider)
Condition Related To:	
Dates:	Current lilness Date: 1st Date Of Illness; Unable To Work Dates; Hospitalization Dates;
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Barriga, Lisa, NCMA, ID;
Facility:	Bastrop County Sheriff Office
Encounter Type;	
Sign Off:	Signed Off By: WLIN on: 2020-05-04 Mon 01:52 PM

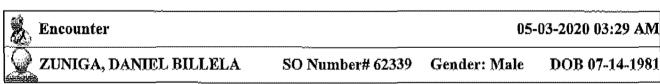
Encour

Encounter 05-04-2020 07:51 AM

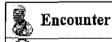
ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:
MARCINITOR:	med medanar.
	Name: DANIEL BILLELA ZUNIGA
	IDW: 62339 DOB/Age: D7-14-1981 / 30 year old
	PATIENT ALLERGIES: FISH
	PHENERGAN
	WORCESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 05-04-2020 07:51 AM
	Medication Dosage Directions OMEPRAZOLE 40MG CAP 40MG Take 1 Capsula by mouth 2 times per day for 365 days
	1
	Date/Time Triaged: 05-04-2020 07:5) AM
	Reason: Complaint Disposition: "05/04/2020 00;22:42
	YOU SAID U HAVE DOCUMENTATION OF MY COMPLAINTS THEN SHOW MS AND IF I WERE COMPLAING OF A COUGH
	FOR FOUR DAYS, THEN WHAT WAS GIVEN FOR IT OR WHRT WAS DONE FOR TREATMENT DURING THIS TIME IT SHOULDN'T BE SO HARD GIVE ME MY FUCKIN MONEY BACK IM TIRED OF GOING BACK AND FORTH WITH THIS
	SHIT ALREADY I TRIED TO BE CIVIL, NOW YOU JUST FISSED ME OFF, SHOW ME HOW I WAS TREATED OR
	GIVE ME MY MONEY BACK IM FILINGA GREAVENCE AS WELL SO BE PREFARED TO SHOW HOW I WAS TREATED
	BECAUSE THATS ALL IVE BEEN ASKING FOR . CANT BELIEVE YOU WOULD LET SOMEONE COUGH FOR ALMOST A WEEK
	WITHOUT GIVING THEM ANYTHING AND CALL IT TREATMENT, ANYONE WITHOUT A MEDICAL LISCENSE CAN DO THAT AND TAKE THERE MONEY FOR NOTHING"
	Answered question/inquiry: Your request for documentation has been answered several times. If you are unhappy with the response medical has given. You are welcome to put in a grievance to the Lt
	or Captain.
	Electronically signed by Lisa Barriga, NCMA on 05-04-2020 07:52:31 AM (Type: Nurse)
Vitals:	Electronically signed by Wei-Ann Lin, MD on 05-09-2020 11:30:07 AM (Type: Provider)
Condition Related To:	
SAMMINAN WANGER TO:	-
Dates:	Current Illness Date;
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Barriga, Lisa, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By; WL/IN on; 2020-05-04 Mon 11:30 AM



Dictatiou:	Med Request:
	Name: OANIEL BILLELA ZUNIGA
 	ID#: 62339
	DOB/Age: 07-14-1901 / 30 year old
	PATIENT ALLERGIES:
	Half
	PHENERGAN WORCESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 05-03-2020 03:29 AM
	Medication Dosage Directions OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days
	Date/Time Triaged: 05-03-2020 03:29 AM Reason: Complaint
	Disposition: "05/03/2020 01:22:48 AGAIN SHOW ME YOUR PROOF OF THESE DOCUMENTS, IS IT THAT HARD, HOW DID U TREAT ME FOR A COUGH, WUT WAS I GIVEN, WHEN DID I ASK TO SEE THE DR. WHEN DID I ASK TO SEE MEDICAL FOR A COUGH 7777?????????????????????????????????
	STUPID, IT SHOULDN'T BE THIS DIFFICULT, I BELIEVE U JUST MAKE THINGS UP TO GET WUT U WANT. I THINK WE CALL THAT EXTORTION"
	Answered question/inquiry
	"05/03/2020 3:28:32 When you arrived at the facility you were coughing so much , jail personnel took precautions gave you a mask and placed you in medical cell for observation. You arrived on 04/04/2020, you ware seen by Dr. Lin on 04/08/2020. Due to the precautions we took in regards to your cough you had to be seen and cleared by Dr. Lin. Your temperature was taken everyday , and documented in your chart - as well as your complaints of coughing. "
	Slectronic Signature: Slectronically Approved by Ines Rezo, NCMA on 05-03-2020 03:30:17 AM.
Vitals:	Electronically signed by Wei-Ann Lin, MD on 05-03-2020 00:26:07 PM (Type: Provider)
Condition Related To:	
Dates;	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider, LIN, MD, WEI - ANN, , ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-05-03 Sun 08:26 PM



04-30-2020 08:27 PM

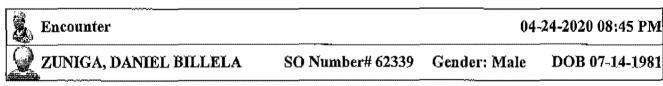
ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Y51	blod Beausek.
Dictation:	Mad Request:
	Name: DANIEL BILLELA ZUNIGA
	ID#: 62339 DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	PHENERGAN
	WORCESTERSHIRE SAUCE
	Purposa: Medical
	Date/Time Collected: 04-30-2020 08:27 FM
	Medication Dosage Directions
	OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days
	Nato / Muso Maio and 104 (20) 2020 02-27 Mg
	Date/Time Triaged: 04-30-2020 08:27 PM Reason: Inquiry
	Disposition: Fer I/M's medical request in response to the last request: "04/30/2020 16:07:20 I ASK U TO SHOW ME WERE I COMPLAINED OF A COUGH OR ASK TO SEE A DR FOR THIS SO CALLED COUGH I DIDNT ASK U TO SHOW ME WERE U TOOK MY MONEY YOUR JUST RUBBING I IN MY FACE AT THIS POINTYOU KNW FOR U BEING EDUCATED, YOU SURE DO ACT LIKE YOU DON'T KNOW WHAT IM TALKING ABOUT MATTER A FACT IF I COMPLAINED OF A COUGH WHY WASN'T I EVEN GIVEN A COUGH DROF OR WHY DID IT TAKE A WEEK TO SEE A DR I BELEIVE IT TOOK U 1 DAY TO TAKE MY MONEY RT ANYTHING ELSE YOU HAVE FOR ME BESIDES A RECEIPT THAT SAYS GO TO HELL MR ZUNIGA"
	Answered question/inquiry My response to I/M:
	"On 4-4-2020 you came into the jail you were coughing so much that you had to get moved into medical and given a face mask.
	There is documentation 4-5-2020 that you were complaining of a cough that you had for 4 days and that your throat feels "scratchy". They listened to your lungs and heart that night.
	On 4-6-2020 you reported to the nurse that you still had a cough
	On 4-8-2020 you were seen by the Dr and were approved to get moved to population.
	That is the information you asked for and that is the reason why you were charged. It did not take you a week to be seen like you stated above, you did not get a cough drop because we do not give cough drops at this facility. You can take this response how ever you like, but if you are still not satisfied with this response you can write a grievance or write to the Lt or Captain."
	Electronically signed by Julia Duran, MA on 04~30~2020 06:31:12 PM (Type: Nurse)
	Electronically signed by Wei-Ann Lin, MD on 04-30-2020 09:21:52 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Duran, Julia, MA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-04-30 Thu 09:21 PM

Encounter	04-29-2020 02:44 PM		
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request;
	Name: DANIEL BILLELA ZUNIGA
· '	In#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	FISH PHENERGAN
	MORCESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 04-29-2020 02:44 PM
	Medication Dosage Directions OMEPRAZOLE 40MG CAP 40MG Take 1 Capsule by mouth 2 times per day for 365 days
	Date/Time Triaged: 04-29-2020 02:49 FM Reason: Complaint
	Disposition:
	04/29/2020 13:03:25
	DR LYNN
1	WHATEVER HAPPEND TO MY REFUND OR YOUR PROOF OF MY REQUEST TO SEE YOU YOU JUST TOOK MY MONEY FOR NOW REASON ??? IM STILL WAITING IN CASE YOU DIDN'T NOTICE IM DOING TIME
	PEAGE DON'T RESPOND WITH (YOUR REQUEST WILL BE SENT TO DR LYNN)
	Answered question/inquiry 04/29/2020 14:42:23
	you ware seen on 4/08/2020, for cough. You were better and were released for population. That's what you were charged for,
	Electronically signed by Olivia Harros, CMA on 04-29-2020 02:51:31 FM (Type: Nurse)
	Electronically signed by Wei-Ann Lin, MD on 04-29-2020 03:22:29 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Altending Provider: Harros, Olivia, CMA, ID:
Facility:	Bostrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-04-29 Wed 03;22 PM



Dictation:	NURSE FROGRESS NOTE: Medication
	Name: DANIEL BILLELA ZUNIGA
	IDM: 62339
	DOB/Aga: 07-14-1981 / 38 year old
	Date/Time: 04-24-2020 Fri / 08:45 PM
	PATIENT ALLERGIES: FISH PHENERGAN WORCESTERSHIRE SAUCE
	Medication Dosage Directions
	Two medications dropped off in new visitation. Medication counted and placed for review. Refer for orders.
	Electronically signed by Lisa Barriga, NCMA on 04-24-2020 08:46:18 PM (Type: Nurse)
	OK to start Omegrazole 40 mg bid. Place Promir HFA on cart, and inmate may have 2 puffs po tid profox $SpO2 < 96\%$ with symptoma.
	Electronically signed by Wei-Ann Lin, MD on 04-26-2020 05:07:45 PM (Type: Provider)
	noted
	Electronically Approved by Sheri Amann, NCMA on 04-27-2020 08:09:37 AM.
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
l	1st Date Of Illness:
1	Unable To Work Dates:
<u> </u>	Hospitalization Dates;
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Barriga, Lisa, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: SAMANN on: 2020-04-27 Mon 08:09 AM

Encounter		04-	-18-2020 01:26 AM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictations	Wed Request: appeal for 4/17/2020 @ response
	Name: DANIEL BILLELA ZUNIGA
	ID#: 62339 DOB/Age: 07~14~1981 / 38 year old
	bobynger ormanisor, sa year ord
	PATIENT ALLERGIES: FISH
	PHENERGAN
	WORCESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 04-18-2020 01:26 AM
	Medication Dosage Directions
	Date/Time Triaged: 04-18-2020 01:26 AM
	Reason: Complaint
	Disposition: 04/18/2020 01:13:20
	DR LYNN I NEVER COMPLAINED ABOUT A COUGH AND TELL ME HOW U TREATED ME U DIDNT SHIT FOR ME NOR DID
	U EVEN ABK ME ABOUT A COUGH, PRODUCE YOUR EVIDENCE OR GIVE ME MY MONEY BACK YOUR STARTING TO
	PISS ME OFF YOU BULLY,,, O'KNW WHAT I THINK I MIGHT BE COMING DOWN WITH A COUGH NOW I WILL LET U KNW IF I NEED MEDICAL ATTENTION
	Answered question/inquiry: Will refer to supervisor
	Electronically Approved by Karen Ries, LVN on 04-18-2020 01:33:25 AM,
	Electronically aigned by Wei-Ann Lin, MD on 04-19-2020 07:47:05 FM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dales:
	Hospitalization Dates:
Dingaosis:	
Procedures:	
Providers:	Attending Provider: Ries, Køren, LVN, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type;	
Sign Off:	Signed Off By; WLIN on: 2020-04-19 Sun 07:47 PM

Ż,				04-	-17-2020 04:45 PM
	ZUNIGA, DANIEL B	ILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation;	Med Request:
interation)	
	Name: DANIEL BILLELA ZUNIGA IDM: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	FISH
	PHENERGAN WORCESTERSAIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 04-17-2020 04:45 PM
	Medication Dosage Directions
	Date/Time Triaggd: 04-17-2020 04:46 PM
	Reagon: Complaint
	Disposition:
	Per Medical Request - "04/17/2020 15:52:37
	WERE IS YOUR EVIDENCE OR MY REFUND I WILL NOT LET THIS GO WHY MAVE YOU GUYS STOF RESPONDING
	IS IT STANDERED PROSSEDEIRE TO IGNOR INMATES BECAUSE THEY CHALLENGE YOU TO FROVE WHX YOUR STAFF GOES AROUND TAKING WHOEVERS MOMEY TVE WANT LIKE A PACK OF STARRVING WOLVES NEWFLASH EVERYONE IS GOING
	THROUGH RESESSION AT MOW MY NEXT STEP WILL TO BE IS C CONTACT THE NEWS MEDIA ON THE OUTSIDE AND
	ASK THEM TO LOOK INTO THE JAILS MEDICAL PROCEEDURES I ALREADY HAVE A FEW GUYS ON MY PATITION
)	WAITING FOR A FEW MORE SIGNATURES FROM OTHERS WHO WAVE BEEN AFFECTED BY YOUR PACK IT MIGHT BE
	FUNNY TO YOU GUYS RI NOW WHAT IM SAYING TO YOU AND HOW EASY II IS TO IGNORE INMATES BUT PLEASE LAUGH ALL YOU WANT FOR NOW ITS NOT ONLY ABOUT MY REPUND AT THIS FOINT ITS ABOUT HOW U GUYS THINK
	THIS WILL LAST FOREVER MY SISTER N LAW WORKS FOR FOX 7 NEWS AS AN EDITER AND HAS BEEN DOING SO
	FOR THE LAST 15 XRS.,, I WILL BE FORCED TO START THERE, ASKING HER TO EKTEND AN EAR THANKS FOR
	NOTHING YET PLEASE RETURN MY MONEY IMMEDIATLY AND I BET I KNW YOUR RESPONSE IS GUNNA BE ALREADY (YOUR REQUEST HAS BEEN SENT TO DR LYNN FOR REVIEW) IM SURE SHES HAD PLENTY OF TIME TO
	REVIEW BY NOW RT SO GO AHEAD AND ATTEN THIS TO DR WHITEMR ZUNIGAMO-10 BUNK F IF YOU DON'T
	KNW WHERE IM LOCATED"
	Answered question/inquiry
	04/17/2020 16:44:59 We do not have a Dr. White at this facility. All request have to be reviewed by Dr. Lin and she is
	the one that makes the medical decisions. Per Dr Lin Inmate complained of cough when he was first brought in and subsequently placed in lockdown for observation. Inmate could not leave lockdown unless examined by Dr. Lin. Therefore he was charged. No refund will be given.
	Electronically signed by Dorena Martinez, NCMA on 04-17-2020 04:46:49 PM (Type: Nurse)
	Electronically signed by Wei-Ann Lin, MD on 04-19-2020 07:47:04 PM (Type: Frovider)
Vitalsi	
Condition Related To:	
Dates:	Current Illness Date:
THE TRAIN MINES	1st Date Of Illness:
	Unable To Work Dates:
	Hospitolization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By; WLIN on: 2020-04-19 Sun 07:47 PM
oign Aus	Sugney Off DA. APPIA OU. 5050-04-15 Smi A1.44 kW



04-16-2020 03:20 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:
Distance.	
	Name: DANIEL BILLELA ZUNIGA ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	FISH
	PHENERGAN WORCESTERSHIRE SAUCE
	WORLESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 04-16-2020 03;21 PM
	Medication Domage Directions
	Date/Time Triaged: 04-16-2020 03:21 FM
	Reason: Complaint
	Disposition: "04/16/2020 13:26:41 TVE YET TO SEE MY \$10 REFUND FOR MY DR VISIT I WAS CHARGED FOR WHY AM I BEING IGNORED IVE
	ALREADY SENT MY REQUEST TO SGNT GRAYSON BECAUSE I AM NOT GETTING ANYWHERE WITH DR LYNN ATTENTION DR WHITEDR WHITE
	Answered question/inquiry: Per Dr.Lin you complained of cough when you first brought in and subsequently placed in lockdown for observation. You could not leave lockdown unless examined by Dr. Lin. Therefore you were charged. No refund will be given. You may file a grievance and Dr.Lin is the only Doctor here. There is not a Dr.White at this facility.
	Electronically signed by Liea Barriga, NCMA on 04-16-2020 03:23:04 FM (Type: Nurse)
	Electronically signed by Wei-Ann Lin, MD on 04-16-2020 09:09:40 FM (Type: Provider)
Vitals:	
Condition Related To:	
Dates;	Current Illness Date:
	1st Date Of Illness;
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Barriga, Lisa, NCMA, 1D:
Facility:	Bastrap County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-04-16 Thu 09:09 PM



04-15-2020 02:53 AM



ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:
	Name: DANIEL BILLELA ZUNIGA
fi	TD#: 62939
	DOB/Age: 07-14-1981 / 38 year old
n	RATIENT ALLERGIES:
	PISH PHENERGAN
	WORCESTERSHIRE SAUCE
	Purpose: Medical
	Date/Time Collected: 04~15-2020 02:53 AM
	Medication Dosage Directions
	Date/Time Triaged: 00-15-2020 02:53 AM
	Reason: Complaint
	Disposition:
	04/15/2020 02:15:05
	TODAY IS STORE DAY AND I STILL HAVENT RECIEVED MY \$10 REFUND NOR HAVE I SEEN ANYTHING THAT SAYS I ASK TO SEE THE DR FOR A COUGH IM SORRY BUT IM NOT GOING TO LET THIS GO BECAUSE I AM RT IN THIS
	CASE I RESPECT THE MEDICAL TEAM FOR TRYING TO KEEP EVERYONE SAFE BUT I DON'T AGREE WITH HOW THEY
	GO ABOUT DOING IT A LOT OF THE STAFF MEMBERS ARE SO SMEET AND LOVE TRERE JOBS THATS WHY I DON'T
	LET THOSE FEW BAD APPLES RUIN THE BUNCH FOR ME THOSE WHO IM MENTIONING ARE VERY RUDE AND FOR THEM BEING SO HIGH IN DEMAND I CANT BE ARE ALLOWED TO TREAT REOPLE THEY WAY THEY DO ITS OK I JUST PRAY
	FOR THEM THAT GOD CHANGES THEIR HEART STARTING WITH THEIR NASTY ATTITUDES AND LEAD THEM TO AMOTHER
	PROPESSION BECAUSE ITS VERY OBVIOUS THEY HAVE CHOSEN THE MAGING ONE PLEASE RETURN MY FUNDS
	IMMEDIATLEY THANKS AGAIN FOR THE 4th TIME IM ASKING MR ZUNIGA
	Answered question/inquiry:
	Will refer to Dr. Lin for advisement.
	Electronically Approved by Karen Ries, LVN on 04-15-2020 02:58:20 AM.
	Inmate to take up this matter with Ms. Grayson.
	Electronically signed by Weinham Lin, MD on 04-15-2020 12:19:39 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Ries, Karen, LVN, ID:
Facility:	Bashrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-04-15 Wed 12:19 PM

Encounter	Encounter		
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictations	Med Request:
	Name: DANIEL BILLELA ZUNIGA
	IDM: 62339
	DOB/Age; 07-14-1981 / 38 year old
	PATIENT ALLERGIES:
	FISH PHENERGAN
	WORCESTERSHIRE SAUCE
	Purpose: Medical Date/Time Collected: .04-14-2020 04:40 AM
	Medication Dosage Directions
	Date/Time Triaged: 04-14-2020 04:40 AM
	Reason: Inquiry Disposition:
· '	04/14/2020 02:48:47
	No Refund. we can go back and forth if u have time because ibeleive thats all inave rt now Again show me were i filed a complaint or request to seek medical attention there has to be something that backs ur story it should be just as easy as it was to ROB me for my money rt Thanks for ur proffessionalism, by the way ive asked for this info several times i beleive and all u guys have come up is No thats ur evidence pretty good lawyer u guys have i must have him or her represent me if you keep getting away with this plx im kindly asking one last time to respectfully return my money and i wont be forced to file a greivance starting with sgnt grayeon to speak with Dr White how about at least showing me what i was given or how u guys treated my so called cough MY MONEY PLEASE nobody likes a bully the Mr Zuniga(THE VICTIM)
	Answered question/inquiry:
	Will refer your concern to Dr. Lin for review,
	Electronically Approved by Karen Ries, LVN on 04-14-2020 04:42:37 AM.
	Reviewed chart. I/M was in SCI upon most recent admission to facility d/t dry, non productive cough observed during booking. I/M has hx of laryngeal carcinoma w/ surgical tx, Wegener's, asthma. Hx of c/o SOB, masal/ sinus congestion.
	Electronically Approved by Karen Ries, LVN on 04-14-2020 04:45:33 AM.
	Electronically signed by Wei-Ann Lin, MP on 04-15-2020 12:19:59 PM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosia:	<u></u>
Procedures:	
Providers:	Attending Provider: Ries, Karen, LVN, ID;
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Oir:	Signed Off By: WLIN on: 2020-04-15 Wed 12:19 PM



04-12-2020 10:15 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:
	Name: DANIEL BILLELA ZUNTGA
	ID#: 62339 DOB/Aga: 07~14-1981 / 38 year old
	FATIENT ALLERGIES:
	FISH PHENERGAN
	WORCESTERSHIRE SAUCE
	Rurpose: Medical Date/Time Collected: 04-12-2020 10:15 RM
	Medication Dosage Directions
	Date/Time Triaged: 04-12-2020 10:15 PM
	Reason: Inquiry Disposition: Per I/M's medical request: "04/12/2020 20:94:07
	I received ur response to my \$10 charge, it says that 1 was charged because i complained about a cough upon intake and was placed in lockdown for observation CORRECTION— during intake i was answering all questions and bappen to cough during the interview i was asked how long i had a cough and i responded that i didnt and that my voice is always hourse from battling throat cancer some yrs back i was told that i would have to be obsered for some reason they asked me if i have had a fever prior to being arrested I said no and they told me i was going to medical anyway as a procaution i had no choice in the matter nor did i ask to visit with the Dr i was told that i had to see the Dr before i was released to population iwas then told that under the current circomatances it was the new standard proceedure for all new arivals plz return my money to my books so i can leave this matter along this isnt right is thr anyone else i need to speak to to resolve this misunderstanding thank v for the procautions andi understand what the jail has to do to keep everyone healthy, but this doesnt apply to me thx again Mr Zuniga"
	Answered question/inquiry Refer to DR Lin
	Electronically eigned by Julia Duran, MA on 04-12-2020 10:16:24 PM (Type: Nurse)
	Inmate was asked by physician during Dr. call regarding his cough. Inmate admitted to having had cough for several days prior to arrest, and that the cough finally got better after he's been here for a few days. No refund will be given.
	Electronically signed by Wei-Ann Lin, MD on 04-13-2020 12:25:50 PM (Type: Provider)
	NotedTx. form sent.
	SIGNATURE:
	Electronically signed by Olivia Harroz, CMA on 04-13-2020 03:35:15 PM (Type: Nurse)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date; 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates;
Diagnosis:	J. MAR. Commandary Section 28
Procedures:	
Providers:	Attending Provider: Duran, Julia, MA, ID:
Facility:	Bestrop County Sheriff Office
Encounter Type:	positop comp oneith other
Sign Off:	Signed Off By: OHARROS on: 2020-04-13 Mon 03:35 PM
Digit Att	pigned on by, otraction on, 2040 or to montonion in



04-11-2020 01:07 AM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

	Had Day Aba
Dictation:	Med Request:
	Name: DANIEL BILLELA 20NIGA ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES: FISH
	Phenergan
	Purpose: Medical
	Date/Time Collected: 04-11-2020 01:07 AM
	Medication Dosage Directions
	Oate/Time Triaged: 04-11-2020 01:07 AM
	Reason: Inquiry Disposition: Per I/M's medical request: "04/11/2020 00:00;05
	to whom it may concern i forgot to mention to booking when I told them I was alergic to fish that
	when I have anything with wistishier sauce i tend to break out in hives we don't have a food menuin our tank but if there is anything on the menu with bar b que sauce I can't have it i can have whatever meat it is but not the sauce because it has wistishier in it may it be substituted for a bollona sandwich like my tuna tray, or can the bar b que sauce be withheld plz i am not a complainer i just want to be honest again this may not apply to anything because i havent came across anything with bar b que sauce on it yet thanks alot for your time mr zuniga"
	Answered question/inquiry Refer to Dr Lin
	Electronically signed by Julia Duran, MA on 04-11-2020 01:08:17 AM (Type: Nurse)
	Send notice to kitchen for allergy to Worcepterphire sauce.
	Electronically signed by Wei-Ann Lin, MD on 04-11-2020 05:05:19 PM (Type: Provider) noted
i e	GIGNATURE:
	Electronically signed by Lisa Barriga, NCMA on 04-11-2020 06:18:51 PM (Type: Nurse)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Duran, Julia, MA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: LBARRIGA on: 2020-04-11 Set 06:18 PM

		Encounter
ĺ	Mary Company	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

04-10-2020 04:26 PM



Med Request:	
Name: DANIEL BILLELA SUNIGA	
1Db: 62339	
DOB/Age: 07-14-1991 / 38 year old	
PATIENT ALLERGIES:	
Punergan	
Purpose: Medical Date/Time Collected: 04-10-2020 04:26 PM	
Medication Dosage Directions	
Date/Time Trisged: 04-10-2020 04:26 PM Reason: Complaint	
Disposition: "04/10/2020 15:59:44	
do t understand why imbeing charged \$10 without explinationi didnt ask to see the dri barely	
have money i dont beleive twis is right at all 1 didnt request to see the dr plz return my moneyiwas placed in medical theysaid was standard procedure is this charge also stadard procedure iwas placed under quarantine upon intakenot for no other reason if so please giveme a copy from my personal request to visit with the dr i never requeted this dr visiti dont have much money and the money that was taken from me was for me to purchase a calling card to speak to my family plz return it without comolications this is not right and i think you guys	
knw that thanksMr Zuoiga"	
Answered question/inquiry: Refer for orders,	
Electronically signed by Lisa Barriga, NCMA on 04-10-2020 04:26:51 PM (Type: Nurse)	
Inmate complained of cough when he was first brought in and subsequently placed in lockdown for observation. Immate could not leave lockdown unless examined by Dr. Lin. Therefore he was charged. No refund will be given.	
Electronically signed by Wei-Ann Lin, MD on 04~11~2020 05:05:18 PM (Type: Provider) noted	
SIGNATURE:	
Electronically signed by Lisa Barriga, NCMA on 04-11-2020 06:17:04 PM (Type: Norse)	
Current Ulness Date:	
lst Date Of Illness;	
Unable To Work Dales:	
Hospitalization Dates:	
Attending Provider: Barriga, Lisa, NCMA, ID:	
Bastrop County Sheriff Office	
Signed Off By: LBARRIGA on: 2020-04-11 Sat 06:17 PM	



04-08-2020 10:13 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	Med Request:	
Treed 140 Mr		
	Name: DANIEL BILLELA 20NIGA IDA: 62339	
	DOB/Age: 07-14-1981 / 38 year old	

	PATIENT ALLERGIES: FISH	
	PHENERGAN	
	Furpose: Medical	
	Date/Time Collected; 04-08-2020 10:13 PM	
	Medication Dosage Pirectione	
	Date/Time Triaged; 04-08-2020 10:13 PM	
	Reason; Complaint	
	Disposition: "04/08/2020 22:12:46 request for double entree until weight is met on body mass idex i am ourently underweight	
	thanks alot"	
	Answered question/inquiry	
	Refer for orders.	
	NOTES TO CLUCIA.	
}	Electronic Signature:	
	Electronically Approved by Inco Razo, NCMA on 04-08-2020 10:14:10 PM.	
	BMI of 25 on 04/05/2020, which is borderline overweight. No extra food.	
	Electronically signed by Wei-Ann Lin, MD on 04-09-2020 09:43:15 PM (Type: Provider)	
	Medical tx form completed to inform I/M.	
	Electronically Approved by Karen Ries, LVN on 04-10-2020 02:41:08 AM.	
Vitals:		
Condition Related To:		
Dates;	Current Illness Date:	
	1st Date Of Hiness:	
	Linable To Work Dates:	
	Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: LIN, MD, WEI - ANN, , ID;	
Pacility:	Bastrop County Sheriff Office	
Kacounter Type:		
Sign Off:	Signed Off By: KRIES on: 2020-04-10 Fri 02:41 AM	

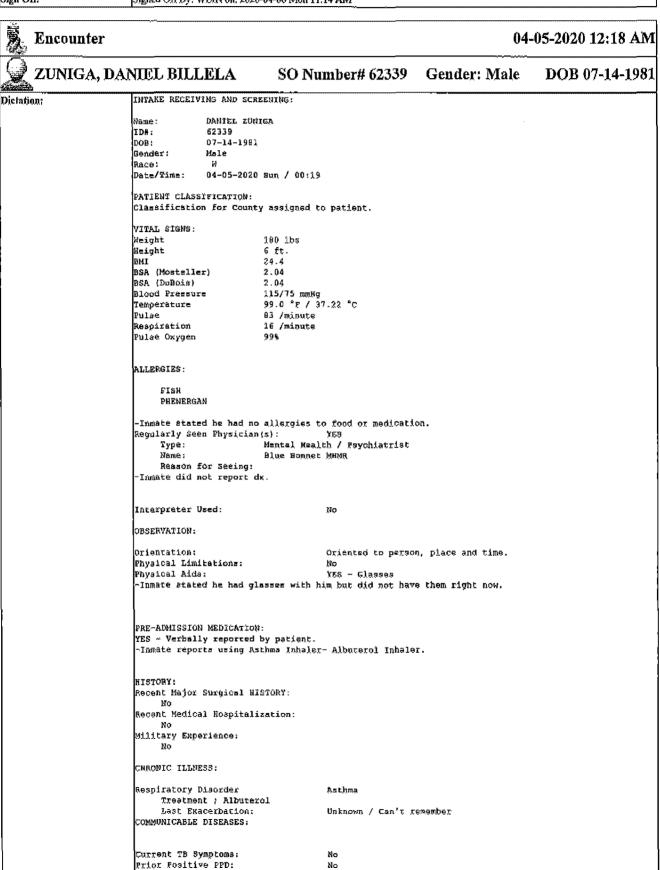
Encounter	· · · · · · · · · · · · · · · · · · ·	04-	-08-2020 01:35 PM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

PROVIDER VISIT - SICK CALL: Dictations Resident Name: DANIEL BILLELA ZUNIGA 62339 DOB: 07-14-1981 Location: MSICK1 04-08-2020 Wed / 13:35 Date/Time: ALLERGIES: FIBH PHENERGAN Medication Dosage Directions SUBJECTIVE: DANIEL BILLELA ZUNIGA, 30 year old W Male seen for dry cough. Verified with inmate that he had dry cough for several days prior to arrest on 04/04/20, and was placed in sick cell 1. Did not have faver, and denies sore throat, sinus congestion or chest discomfort. No SOB. No elevated temperature while in sick call 1, and cough has now resolved. Has had hoarse voice since cancer surgery to throat in 2019. Date Added Time (am/pm) Blood Pressure Weight Height Temperature Pulse Respiration Pulse Oxygen 2020-04-08 01:36:10 PM 124 / 71 184.31 6 ft 0 in 97.5 92 OBJECTIVE: General: Healthy appearing adult in no acute distress. Warm and dry. No suspictous or change in pre-documented lesion. Normocephalic/atraumatic, PERRLA, EOMsI, Clear pharynx, Weck: Supple without adenopathy or thyromegaly. Lungs: Lungs clear to auscultation bilaterally. Unlabored respiratory effort. Hearts RRR without murmur, gallop, rub. ASSESSMENT: l. URI sx, now resolved 1. OK to move to population. CHARGES: Physician Visit ELECTRONIC SIGNATURE: Slectronically signed by Wei-Ann Lin, MD on 04-08-2020 01:39:45 FM (Type: Provider) Electronically signed by Dorena Martinez, NCMA on 04-08-2020 01:43:22 PM (Type: Nurse) Vitaly: Condition Related To: Dates: Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates: Diagnosis: Procedures: Providers: Attending Provider: Lin, Wei-Ann, MD, Bastrop County Jail ID: 1 Facility: Bastrop County Sheriff Office Provider Sick Call Encounter Type: Sign Off: Signed Off By: DMARTINEZ on: 2020-04-08 Wed 01:43 PM

Encounter			04	-06-2020 11:44 PM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:		8 year old on / 11:44 PM ions 08	·•	
Vitals:				, , , ,
Condition Related To:				² /20
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:			
Diagnosis:	^~~~~ <u> </u>		/	
Procedures:			//\ \	
Providers:	Aftending Provider: Warren, Ro	sa, MA, ID:		
Facility:	Bastrop County Sheriff Office			
Encounter Type:				
Sign Off:	Signed Off By: WLIN on: 2020	-04-07 Tue 05:32 PM		

Encounter	***		04	-06-2020 08:06 AM
7.3	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	Electronically signed by	n / 0B:06 AM	020 08:07:20 AM (Type:	
Vitaler	,	- And a second had a second se		C. The second of the second of
Condition Related To:				
Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates; Hospitalization Dates:			· · · · · · · · · · · · · · · · · · ·
Dlagnosis:				V-neanneanneann
Procedures:		***************************************	······································	
Providers:	Attending Provider: Barriga, Lisa	, NCMA, ID:		

Pacility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on; 2020-04-06 Mon 11:14 AM	



No

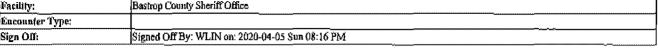
Plant PPD Now:

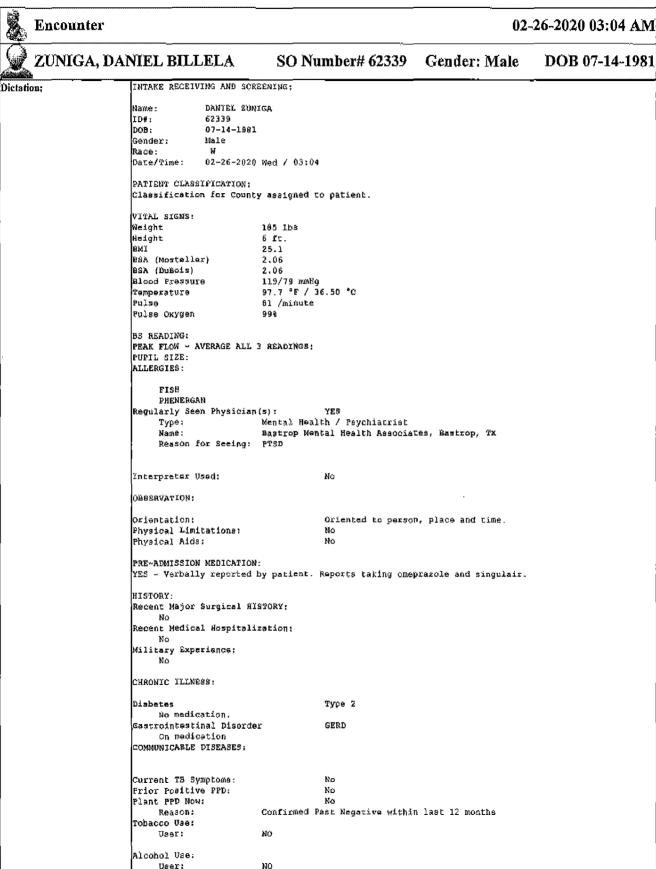
```
Reason:
                         Confirmed Fast Negative within last 12 months
Tobacco Use:
     User:
                         CURRENT
                        Cigarettes
     Type:
     Amount/Day:
                        < 1 ppd
Alcohol Use:
    User:
                         NO
Drug Use:
                         มก
     User:
Withdrawal Issues:
EXAMINATION:
Skin;
               No akin markings found not previously documented
Oral Cavity:
         No destal complaints.
BEXUAL PREDATOR/VULNERABILITY PREA SCREENING:
Reason for Screening: New Admission
Former Victim - Prison Rape/Sexual Assault:
Youthful Age:
     No
Elderly:
    No
Small Physical Stature:
     Νó
Developmental Disability/Mantal Health History:
     YES
First Incarcaration:
    No
Gender Identity:
Saxual Abuse History:
Correctional Facility Consensual Sex History:
Protective Custody Placement:
     No
Sexually Vulnerable Designation:
    Non-Victim
Victim Over-Ride:
     No
POSSIBLE PREDATOR FACTORS:
Institutional Fredatory Sexual Behavior:
Conviction - Rape or Child Abuse/Neglact:
Sexual Abuse/Assault or Domestic Violence:
    No
Current Gang Affillation;
Institutional Strong Arming/Assaults:
Institutional Consensual Sex:
Institutional Sexual Taunting:
    No
Female Overtly Masculine:
Sexually Predatory Designation:
     Non-Predator
Predator Over-Ride:
Information Sources:
     Patient
DISPOSITION:
Access to Care Reviewed:
NOTIFICATIONS:
```

	Inmate has a dry cough x 4 days non-productive , he states his throat feels "Soratchy". For MO Ries, inmate's lungs & heart sound clear. Refer for orders. Temp: 99.0.
	Electronic Signature: Electronically Approved by Ines Razo, NCMA on 04~05~2020 12:30:05 AM.
	Electronically Appliance by thes Raze, New on 04-05-2020 12:30:03 Am.
	Continue to monitor symptoms & temp & SpO2 bid and document in chart.
	Electronically signed by Wei-Ann Lin, MD on 04-05-2020 08:16:27 PM (Type: Provider)
	Noted on pass along
	SIGNATURE:
	Electronic Signature:
***************************************	Electronically Approved by Ines Razo, NCMA on 04-05-2020 09:51:08 PM.
Vītals:	Weight: 180 lbs
	Height: 6 ft 0 in
	Blood Pressure: 115/75
	Temperature: 99.0
	Pulse: 83
	Pulse Oxygen: 99
***************************************	Respirations: 16
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates;
Diagnosis:	NNVM - PRBA - Non-Victim
	NP - PREA - Non-Predator
Procedures:	
Providers:	Aftending Provider: LIN, MD, WEI - ANN, , ID:
Facility:	Bastrop County Sheriff Office
Enconoter Type:	
Sign Off:	Signed Off By: IRAZO on: 2020-04-05 Sun 09:51 PM

Encounter			04	-04-2020 03:18 AM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Detation:	Oral tamp of 97.9 at arri Face mask given to I/M. Electronically Approved b	year old t / 03:18 am tefused to wake up. tected by Sgt. Parker d/t dry	20 03:20:12 AM.	
Vitals:			· · · · · · · · · · · · · · · · · · ·	
Condition Related To:				
Dates:	Current Illness Date: Ist Date Of Illness: Unable To Work Dates; Hospitalization Dates;			
Diagnosis:		"At "seanneanneanneanneanneanneanneanneannean	**************************************	20000000000000000000000000000000000000
Procedures:			,	
Providers:	Attending Provider: Ries, Karen,	LVN, ID:		

Pacility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on: 2020-04-05 Sun 08:16 PM	





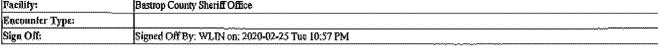
```
Drug Use:
                         NO
    User:
Withdrawal Issues:
EXAMINATION:
9kjn:
               No skin markings found not previously documented
Oral Cavity:
          No dental complaints.
85XUAL PREDATOR/VULNERABILITY PREA SCREENING:
Reason for Screening: New Admission
Former Victim - Frison Rape/Sexual Assault:
    No
Youthful Age:
    No
Elderly:
Small Physical Stature:
Davalopmental Disability/Mental Health History:
    XES
First Incarceration:
    No
Gender Identity:
    No
Bexual Abuse History:
Correctional Facility Consensual Sex History:
    No
Protective Custody Placement:
    No
Sexually Vulnerable Designation:
    Non-Victim
Victim Over-Ride:
     No
POSSIBLE PREDATOR FACTORS:
Institutional Fradatory Sexual Behavior:
Conviction - Rape or Child Abuse/Neglect:
Sexual Abuse/Assault or Domestic Violence:
    No
Current Gang Affiliation:
     No
Institutional Strong Arming/Assaults:
Institutional Consensual Sex:
Institutional Sexual Taunting:
     No
Female Overtly Masculine:
Sexually Fredatory Designation:
    Non-Fredator
Predator Over-Ride:
     No
Information Sources:
     inmate
Disposition:
Access to Care Reviewed:
                                   YES
NOTIFICATIONS: I/M reports that he will contact family so that they can bring medications to
Electronically signed by Lisa Barriga, NCMA on 02-26-2020 03:26:30 AM (Type: Nurse)
Electronically signed by Wei-Ann Lin, MD on 02-26-2020 03:02:12 PM (Type: Provider)
```

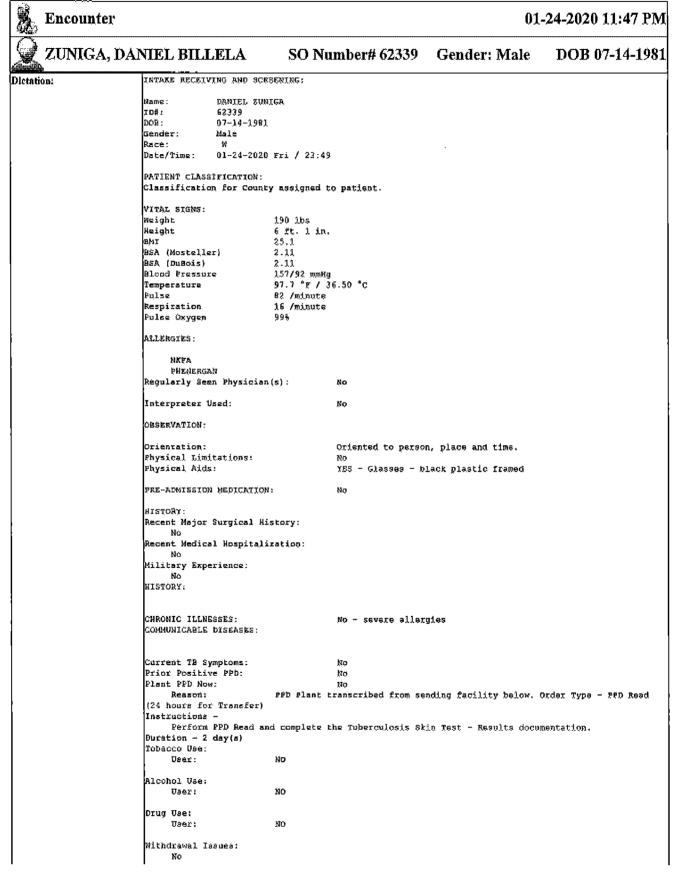
	Weight: 185 lbs Height: 6 ft 0 in Blood Pressure: 119/79 Temperature: 97.7 Pulse: 81 Pulse Oxygen: 99	
Condition Related To:		
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	
Dlagnosis:	NNVM - PREA - Non-Victun NP - PREA - Non-Predator	
Procedures:		
Providers:	Attending Provider, Barriga, Lisa, NCMA, ID:	
Facility:	Bastrop County Sheriff Office	
Едсонпіет Туре:		
Sign Off:	Signed Off By: WLIN on: 2020-02-26 Wed 03:02 PM	

Sign Off:	Signed Off By: WLIN on: 202	20-02-26 Wed 03:02 PM		**************************************
Encounter	· · · · · · · · · · · · · · · · · · ·		02	-25-2020 01:25 AM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	NURSE PROGRESS NOTE: 95 Name: DANIEL ZONIGA ID#: 62339 DOB/Age: 07-14-1961 / Date/Time: 02-25-2020 PATIENT ALLERGIES: FISH PHENERGAN	36 year old		
		140/82 mmHg 97.9 °F / 36.61 °C 103 /minute 18 /minute 100% or illness to report. I/M rapo: allergies, Omeprazole for raflu;		
		by Miriam Coronado, CMA on 02~		ont soy)
Vitals:	Blood Pressure: 140/82 Temperature: 97.9 Pulse: 103 Pulse Oxygen: 100 Respirations: 18	y Wei-Ann Lin, MD on 02-25-2020	TO:30:20 EW (TAbs: EL	ovider)
Condition Related To:	***************************************			
Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates: Hospitalization Dates:			
Diagnosis;		Webbeleshidashidashidashidashidashidashidashida	Attachia	
Procedures:		7,		
Providers:	Allending Provider: LIN, MD,	WEI - ANN, , ID:		7 -

May. 24. 2022 11:23AM No. 2610 Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 55 of 99

Facility:	Bastrop County Sheriff Office
Encounter Type:	
	Signed Off By: WLIN on: 2020-02-25 Tue 10:57 PM





```
EXAMINATION:
Skinz
               No skin markings found not previously documented
Oral Cavity:
          No dental complaints.
BEXUAL PREDATOR/VULNERABILITY PREA SCREENING:
Reason for Screening: New Admission
Former Victim - Prison Rape/Sexual Assault:
    No
Youthful Age:
    No
Elderly:
Small Physical Stature:
Developmental Disability/Mental Realth History;
First Incarceration:
    No
Gender Identity:
    Mo
Sexual Abuse History;
    No
Correctional Facility Consensual Sex History:
    Nφ
Protective Custody Placement:
Sexually Vulnerable Designation:
    Non-Victim
Victim Over-Ride:
    No
POSSIBLE PREDATOR FACTORS:
Institutional Predatory Sexual Behavior:
Conviction - Rape or Child Abuse/Neglect:
Sexual Abuse/Assault or Domestic Violence:
Current Gang Affiliation:
Institutional Strong Arming/Assaults:
Institutional Consensual Bex:
    No
Institutional Sexual Taunting:
Female Overtly Masculine:
Sexually Predatory Pasignation:
     Non-Predator
Pradator Over-Ride:
    No
Information Sources:
     inmate
DISPOSITION:
Access to Care Reviewed:
                                   YE9
NOTIFICATIONS:
     No Notification Required, Inmate complained of severe allergies, No chlorphenamire 4mg in med
room to give. Will start cetirizine 10mg gd x14 days.
Electronically Approved by Sheri Amann, NCMA on D1-24-2020 11:59:25 FM.
Electronically signed by Wei-Ann Lin, MD on 01-25-2020 01:29:20 FM (Type: Provider)
```

Vitals:	Weight: 190 lbs
	Height: 6 ft L in
	Blood Pressure: 157/92
	Temperature: 97.7
	Pulse; 82
	Pulse Oxygen: 99
	Respirations: 16
Condition Related To:	
Dates:	Current Ulness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	NNVM - PREA - Non-Victim
	NP - PREA - Non-Predator
Procedures:	
Providers:	Attending Provider: Amann, Sheri, NCMA, ID:
Pacility:	Bastrop County Sheriff Office
Encounter Type:	Y 7.2 30 7
Sign Off:	Signed Off By: WLIN on: 2020-01-25 Sat 01:29 PM

~18# *>##.	pagaca wax wy. 11 car on: zoz	26 17 V 180 V 180 V 18 180 V 1				
Encounter		***************************************	01	-24-2020 11:46 AM		
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981		
Dictation:	NURSE PROGRESS NOTE:		**************************************			
	Name: DANIEL ZUNIGA ID#: 52339 DOB/Age: 07-14-1981 / :	38 year old				
	Date/Time: 01-24-2020 Fri / 11:46 AM					
	PATIENT ALLERGIES: PNENERGAN					
	Medication Dosage Direc	Medication Dosage Directions				
	Inmate seem for 95 inta injuries. Denies drug a	ke 0 1110. NKDA/NKFA. Daníca ma nd Alcohol use.	dical hx and denies ta	king medications. No		
	VITAL BIGNS: Blood Fressure Temperature Pulse Respiration Pulse Oxygen	159/87 mmHy 96.1 °F / 36.72 °C 102 /minute 16 /minute 100%				
	Electronic Signature: Electronically Approved	by Ines Razo, NCMA on 01-24-20	20 11:40:02 AM.			
	Electronically signed b	y Wei-Ann Lin, MD on 01-24-2020	12:35:28 РМ (Туря: РД	ovider)		
Vitals:	Blood Pressure: 159/87 Temperature; 98,1 Pulse: 102 Pulse Oxygen: 100 Respirations: 16					
Condition Related To:	······					
Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates: Hospitalization Dates:					
Diagnosis;						
Procedures:			***************************************			
Providers:	Attending Provider: LIN, MD,	WEI - ANN, , ID:				
Facility:	Bashop County Sheriff Office					

Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2020-01-24 Fri 12:35 PM

ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male DOB 0 Dictation: Ned Request: Name: Daniel Zuniga	07-14-1981 NEEDED, FOUR
Name: DANIEL ZUNIGA JD#: 62339 DOB/Age: 07-14-1981 / 30 year old PATIENT ALLERGIES:	VEEDED, FOUR
JDM: 62339 DOB/Age: 07-14-1981 / 30 year old PATIENT ALLERGIES: PHENERGAN PUXPOSe: Medical Pate/Time Collected: 09-25-2019 04:21 AMMedication	¥6EDED, FOUR
Date/Time Triaged: 09-25-2019 04:21 AM Reason; Complaint Disposition; 09/24/2019 11:31:25 REQUEST FOR AN EXTRA BLANKET THEY ALLOWED ME AN EXTRA WHEN I WAS BOOKED IN BECAUSE IM DIABETICTHEY CONFISCATED IT DURING SHAKEDOWN BECAUSE IT WAS NEVER LOGGED IN PLEASE EXTRA BLANKET BECAUSE MY HANDS AND FRET ARE ALWAYS COLD" Answered question/inquiry: Refer for orders. Slectronically signed by Lisa Barxiga, NCMA on 09-25-2019 04:21:39 AM (Type: Nurse) Inmate ATW Blready.	
Electronically signed by Wei-Ann Lin, MD on 09-26-2019 09:38:46 FM (Type: Provider)	
Vitals:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Condition Related To:	<u></u>
Dates: Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	
Diagnosis:	
Procedures:	
Providers: Attending Provider: Barriga, Lisa, NCMA, ID;	***************************************
Facility: Bastrop County Sheriff Office	
Eacounter Type:	,
Sign Off: Signed Off By; WLIN on: 2019-09-26 Thu 09:38 PM	***************************************

Ä	Encounter		09-	-18-2019 10:46 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

May. 24. 2022 11: 24AM No. 2610 Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 59 of 99 P. 58

Dictation:	Med Request:
	Name: DANIEL SUNIGA IDW: 62339 DDB/Age: 07-14-1981 / 38 year old
	RATIENT ALLERGIES: PRENERGAN
	Purpose: Medical bate/Time Collected: 09-18-2019 10:46 PMMedication Dosage Directions ALBUTEROL SUL HEA 90 MCG INHALE ONE FUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS MEEDED, FOUR TIMES A DAY (5A/MIDDAY/5F/HS) IBUFROFEN 600MG TARE ONE TABLET(S) BY MOUTH THREE TIMES DAILY (5AM/MIDDAY/HS) MELATONIN 10MG TARE ONE TABLET(S) BY MOUTH AT BEDTIME OMEFRAZOLE 40MG TARE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)
	Date/Time Triaged: 09-18-2019 10:46 EM Reason: Complaint Disposition: "09/18/2019 17:38:36 MX PRIMARY DOTTOR SAXS CHEMICAL EXPOSURE DOSENT KEEF ME FROM WORKING I DONT HAVE ANY DESEASE OR BLOOD DISORDER I HAD MY NOSE BROKEN A COUPLE TIMES IN THE BOXING RING, AND I USE SALTNE FROM COMMASSARY WHEN I WAKE UP I WORKED AS A JANITOR FOR YEARS WITHOUT ISSUSE PLEASE GIVE ME A CHANCE TO WORK I ASKED TO BE CLEAR FOR TRUSTY DO YOU NEED ME TO ASK MY PRIMARY DR TO CALL OVER HERE OR WHAT ARE YOU NEEDING"
	Answered question/inquiry: Fer Medical supervisor M.White. Not approved for trusty duty for concerns of chemical exposures and his sinus history.
	Electronically signed by Lisa Barriga, NCMA on 09-18-2019 10:48:38 PM (Type: Nurse)
	Electronically signed by Wei-Ann Lin. MD on 09-19-2019 10:44:07 PM (Type: Provider)
Vitals:	
Coudition Related To:	
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Barriga, Lisa, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-09-19 Thu 10:44 PM

Encounter		09-	-14-2019 07:36 PM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
	Name: DANIEL 2001GA
	ID#: 62339
	DOB/Age: 07-14-1991 / 30 year old
	PATIENT ALLERGIES; PHENERGAN
	Purpose: Medical Date/Time Collected: 09-14-2019 07:36 PMMedication Dosage Directions ALBOTEROL SUL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOOR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) TEOPROFEN 600MG TAKE ONE TABLET(S) BY MOUTH THREE TIMES DAILY (5AM/MIDDAY/HS) MELATONIN 10MG TAKE ONE TABLET(S) BY MOUTH AT BEDTIME
	OMEFRAZOLE 40MG TAKE ONE CAPAULE(S) BY MOUTH TWICE DAILY (5AM/RS)
	Date/Time Trlaged: 09-14-2019 07:36 PM
	Reason: Inquiry Disposition: Fer I/M's medical request: "I WANT TO KNOW WHY IM NOT ABLE TO BE A TRUSTIE WHAT IS KEEPING ME FROM WORKING PLEASE LET ME KNOW SO I CAN UNDERSTAND AT LEAST"
	Anewored question/inquiry Fer Supervisor White, Not approved for trusty duty for concerns of chemical exposures and his sinus history.
	Electronically signed by Julia Duran, MA on 09-14-2019 07:37:26 PM (Type: Nurse)
	Riectronically signed by Wei-Ann Lin, MD on 09-15-2019 11:20:31 PM (Type: Frovider)
Vitals:	
Condition Related To:	
Dates;	Current Illness Date: 1st Date Of Illness: Unable To Work Dates; Hospitalization Dates;
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Duran, Julia, MA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-09-15 Sun 11:20 PM

Encoun	ter 09-13-2019 08:58 AM
/**\ <u>\</u>	A, DANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-198:
Dictation:	NURSE PROGRESS NOTE: trusty (not approved)
	Name: DANIEL ZUNIGA ID#: 62339 DCB/Age: 07-14-1981 / 38 year old Date/Time: 09-13-2019 Fri / 08:59 AM PATIENT ALLERGIES; PHENERGAN Medication Dozage pirections ALEUTEROL 9DL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5F/HS) IBUPROFEN 600MG TAKE ONE TABLET(S) BY MOUTH AT BEDTIME DMEDIATONIN 10MG TAKE ONE TABLET(S) BY MOUTH AT BEDTIME OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS) Not approved for trusty duty for concerns of chemical exposures and his sinus history. Electronically Approved by Mark White, LVN on 09-13-2019 08:59:41 AM.
N/2+1 A	Electronically eigned by Wei-Ann Lin, MD on 09-13-2019 03:32:16 PM (Type: Provider)
Vitals:	

Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider: White, Mark, LVN, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-09-13 Fri 03:32 PM

Tunanuda.		ntischtischtischtischtischtischtischtisch		-09-2019 04:25 AM
Encounter			V <i>3</i> ·	-U9-2U19 U4:25 AU
ZUNIGA, DA	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	NURSE PROGRESS NOTE: General	request		
	Name: DANIEL ZUNIGA ID#: 62339 D08/Age: D7-14-1981 / 38 ye	er old		•
	Date/Time: 09-09-2019 Mon /	' 04:25 AM		
	Patient Allergies: Phenergan			
	Melatonin 10mg tai	IALE ONE PUFF(S) BY MOUTH FO	HREE TIMES DAILY (5AM/)	
	Fer General request: Dr.White, Dr.Lynn I have completed my saline of whole lot better. Thanks for put me in a 23 hour lockdown back in contact with my family	allowing it to me but I we tank with no priveleges to	on't be ordering more ; o do so. Please return	because the jail had to
	Refer to Dr.Lin	sheri Amann, NCMA on 09-09-:	2019 04:31:26 AM.	
	Inmate is approved to go bac Medical.	ek to population. Remove no	atti-pot and salt pack	ets and bring to
	Electronically signed by We;	i-Ann Lin, MD on 09-09-2019	02:44:18 PM (Type: Pi	ovider)
	Sgt. Heminger notified and a Electronically signed by Ju;			rse)
Vitals:		****		
Condition Related To:				
Dates:	Current Illness Date; 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:			
Diagnosis:				
Procedures:		*****		
Providers:	Attending Provider: Amann, Sheri, h	JČMÁ, ID:		
Facility;	Bastrop County Sheriff Office			
Euconuter Type:	Control County Cited III County			
Sign Off.	Signed Off By: JOURAN on: 2019	.00.00 Mon 03:10 PM		



09-06-2019 03:35 PM

ZUNIGA, D	ANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-1981
Dicintion:	NURSE PROGRESS NOTE: Net1-Fot/Saline KOP
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old
	Date/Time: 09-06-2019 Fr1 / 03:36 PM
	PATIENT ALLERGIES: PHENERGAN
Vitals: Condition Related To:	Medication Dosage Directione ALBUTEROL SUL HEA 90 MCG INHALE ONE PUFF(5) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) INDEPROFEN 600MG TAKE ONE TABLET(S) BY MOUTH THREE TIMES DAILY (5AM/MIDDAY/HS) ONEFRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS) Dr. Lin has approved the neti-pot and saline for KOF. Must remain in lockdown while items are in his possession. There are two additional boxes of saline in the medroom. Electronically Approved by Mark White, LVN on 09-06-2019 03:37:46 PM. Electronically signed by Wei-Ann Lin, MD on 09-08-2019 05:14:43 PM (Type: Provider)
Dafes:	Current Illness Date; ist Date Of Illness: Unable To Work Dates: Hospitalization Dates:
Diagnosis:	
Procedures;	
Providers;	Attending Provider: While, Mark, LVN, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-09-08 Sun 05:14 PM

Encounter		09-06-2019 01:41 PM	
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Trill de al .	St. J. Domingh.
Dietation:	Med Request:
	Name: DANIEL ZUNIGA
	ID#: 62339 DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES: PHENERGAN
	: IIIIIIII
	Purpose: Medical Date/Time Collected: 09-06-2019 01:41 punedication Dosage Directions ALBUTEROL SUL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) OMEPRABOLE 40MG TAKE ONE CAFSULE(S) BY MOUTH TWICE DAILY (5AM/HS)
	Date/Time Triaged: 09-06-2019 01:42 PM
	Reason: Complaint Disposition:
	Per I/M:
	09/05/2019 22:43:51 MY FAIN MEDICATION HAS BEEN STOPPED AND MY HAND IS STILL IN PAIN FLEASE CONTINUE A LITTLE WHILE LONGER IM ALSO STILL WAITING FOR A SEEP ATD AND ALERGY FILL TO BE PROSCRIBED OR TAKIN OFF MY COMMASARY FUND FLEASE IM NOT GOING TO BE DIFICULT BUT I STILL NEED MY SALINE PACKETS AND BOTTLE FLEASE I CANT INSTILL TO YALL HOW IMPORTANT THIS IS TO ME PLZ HELP
	Answered question/inquiry:
	I/M was informed that he could purchase allergy medication through commissary. I/M also informed that his sleep aid request will have to be reviewed by the Dr. I/M is also informed that his saline packets and bottle have to be mail ordered and can not be dropped off by family members, per Dr. Ibuprofen 600mg will be continued as of today at midday.
	Electronic Signature: Electronically Approved by Miriam Coronado, CMA on 09-06-2019 02:00:14 PM.
	start Melatonin 10 mg ghs for eleep. Continue Motrin 600 mg tid x 2 months. I boxes of salt packets were mailed from Riteaid.com and are approved. However, inmate will need to be in lock down tank to receive and use Netty pot (dispense from Medical). OK to give 1 box of salt packet at one time and document in chart.
	Electronically signed by Wei-Ann Lin, MD on 09-06-2019 03:06:19 PM (Type: Provider)
	Blactronically signed by Julia Duran, Ma on 09-06-2019 04:41:04 PM (Type: Nurse)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates; Hospitalization Dates:
Dlagnosis:	b with heart and the second se
Procedures:	
Providers:	Attending Provider: LIN, MD, WEI - ANN, , ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	Internal Action Active Active
Sign Off:	Signed Off By: JDURAN on: 2019-09-06 Fri 04:41 PM

G G	3	Encounter	
		ZUNICA DAND	TOT

09-04-2019 03:48 AM

ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male

Dletation:	Med Request;	
www.w.udaddown)		
	Name: DANIEL ZUNIGA ID#: 62339	
	DOB/Aqe: 07~14~1981 / 3B year old	
	PATIENT ALLERGIES: PHENERGAN	
	LUSABORO	
	Purpose: Medical	
	Date/Time Collected: 09-04-2019 03:40 ANModication Dosage Directions ALBUTEROL SUL HFA 90 MCG INHALE ONE PUFF(3) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR	
•	TIMES A DAY (5A/MIDDAY/59/Hs)	
	OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)	
	Date/Time Trisqed: 09-04-2019 03:48 AM	
	Reason: Complaint	
	Disposition:	
	Per Madical Request - "09/03/2019 14:32:44	
	PLEASE ALLOW ME SLEEP MEDS AND ALERGY FERSCRIBED TO ME OR TAKIN OFF OF COMISSARY BECAUSE IN HAVING A	
	HARD TIME IN HERE I HAVE HAD 6 SINUS SURGERIES DONE AND HAVE A HISTORY OF SLEEP ACNEA"	
	Angwered question/inquiry	
	Refer to Dr Lin. Inmate has been here since 7/31/2019	
	Electronically signed by Dorena Martinez, NCMA on 09-04-2019 03:49:31 AM (Type: Nurse)	
	Electronically signed by Wei-Ann Lin, MD on 09-04-2019 03:13:19 PM (Type: Provider)	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date:	
	1st Date Of Illness:	
	Unable To Work Dates:	
**************************************	Hospitalization Dates:	
Dingnosis:		
Procedures;		
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:	
Pacility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on: 2019-09-04 Wed 03:13 PM	

Encounter		09	-01-2019 07:14 AM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:	
	Nams: DANIEL SUNIGA	
	TD#: 62339	
	DOB/Age: 07-14-1981 / 38 year old	
	PATIENT ALLERGIES: PHENERGAN	
	Purpose: Medical Date/Time Collected: 09-01-2019 07:15 AMMedication Dosage Directions ALBUTEROL SUL HEA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) IBURROFEN 600MG TAKE 1 TABLET BY MOUTH 3 TIMES PER DAY FOR 5 DAYS, THREE TIMES A DAY (AM/MIDDAY/HS)	
}	OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DATLY (5AM/HS)	
	Date/Time Triaged: 09-01-2019 07:15 AM Reason: Inquiry	
	Disposition: Fer I/M's medical request: "WELL FIRST OF ALL I DONT APPRECIATE THE WAY YOU SPEEK TO EITHER ONE MYSELF OR MY WIFESO WHY DONT YOU GO ASK MARK AND PAY MORE ATTENTION TO YOUR PATIENTS"	
	Answered question/inquiry "I'm not here to argue with you, this is for immates who need medical. If you just want to complain you can put in a grievance."	
	Electronically signed by Julia Duran, MA on 09-01-2019 07:16:33 AM (Type: Nursa)	
	Electronically signed by Wei-Ann Lin, MD on 09-02-2019 04:38:55 PM (Type: Frovider)	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates: Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: Duran, Julia, MA, ID:	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on: 2019-09-02 Mon 04:38 PM	

Encounter	VA.	08	-31-2019 01:33 PM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:
paraman parama	
	Name: DANIEL ZUNIGA ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES: PHENERGAN
	Engitwick
	Purposa: Medical
	Date/Time Collected: 08-31-2019 01:33 PMMedication Domaga Directions ALBOTEROL SOL BFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR
	TIMES A DAY (5A/MIDDAY/5P/HS)
	IRDEROFEN 600MG TAKE 1 TABLET BY MOUTH 3 TIMES FER DAY FOR 5 DAYS, THREE TIMES A DAY [AM/MIDDAY/HS]
	OMERRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH THICE DAILY (SAM/HS)
ļ	
	Date/Time Triaged: 08-31-2019 01:33 PM Reason: Inquiry
	Disposition: Fer I/M's medical request: "08/31/2019 11:50:34
	MS OLIVIA, Y DON'T APPRECIATE HOW YOU TREATED MY WIFE YESTERDAY WHEN SHE TRIED TO DELIVER MY NEW
	SQUEEZE BOTTLE FOR MY PREMIXED PACKETS OF NASAL WASH SALINESHE WAS SO UPSET THAT YOU WOULDN'T LET HER EVEN TALK TO YOU BECAUSE YOU KNOW EVERYTHINGMY BOTTLE AND FACKETS WERE ALREADY APPROVED BY
	THE MALE NURSE PROCTITIONER THE DAY YOU HERENT HERE, THE WAY YOU TREAT PEOPLE IS RUDE AND UNPAIR
	AND I PRAY EVERY NIGHT THAT GOD HEALS YOUR HEART AND GIVES YOU THE SAME TREATMENT, FOR YOU ARE IN
	THE WRONG PROFESSION TO DEAL WITH PEOPLEI WAVE FILED A CIVIL COMPLAINT AGAINST YOU BECAUSE YOUVE BEEN TREATING ME THIS WAY SINCE I BEEN BEALTHY, MR ZUNIGA"
	DEEM LABORATOR ME THE WAT STONE I BEEN HEALT, , ARM, MR SONTER
	Answered question/inquiry
	"First of all let me inform you that it was I (Duran) that talked to your wife yesterday and not Ms. Olivia. I in fact stayed professional to your wife even though I was the one getting yelled at
	because I did not accept the bottle. I looked through your medical file and there was no
	documentation that the item was approved so it was not accepted. If you feel the need to place a
	civil complaint then that is your right to do. Thank you for your prayers and your request will be placed in your medical file for the Dr to see"
	Electronically migned by Julia Duran, MA on 08-31-2019 01:34:37 PM (Type: Maxse)
	Electronically signed by Wei-Ann Lin, MD on 09-01-2019 12:54:05 AM (Type: Frovider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates: Hospitalization Dates:
Diagnosia:	- wahularentu rawa-
Procedures:	
Providers:	Attending Provider; Duran, Julia, MA, ID;
Facility:	Bastrop County Sheriff Office
***************************************	hashish count and a more
Encounter Type:	0; -4 0 % D - WE D I 2010 00 01 G - 10 54 4 4
Sign Off:	Signed Off By: WLIN on: 2019-09-01 Sun 12:54 AM

	Encounter
4,	

08-31-2019 01:01 PM

ZUNIGA, DANIEL BILLELA

SO Number# 62339 Gender: Male

Dictation:	NURSE PROGRESS NOTE: Late Entry: Denied visitation drop off
	Name: DANIEL ZUNIGA
	ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	Date/Time: 06-31-2019 Sat / 01:01 PM
	PATIENT ALLERGIES: PHENERGAN
	Medication Dosage Directions ALBUTEROL SUL HEA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (SA/MIDDAY/5P/HS) IBUPROFEN 600MG TAKE 1 TABLET BY MOUTH 3 TIMES PER DAY FOR 5 DAYS, THREE TIMES A DAY (AM/MIDDAX/HS) OMERRAFOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)
	LATE ENTRY:
Vitals: Condition Related To:	On 8-30-19 visitation called to report there was a family member here to drop off something that needed to be approved. When I got to visitation a lady who reported to be I/M's wife was trying to drop off pagal wash with container. I called to medical and talked to Ms. Clivia to see if that was approved by Dr Lin already and I was informed that it was not. I/M's wife was then informed I could not accept it. She got upset and reported that her husband needed it and he is not getting any medical care. I informed her that he is getting taken care of and that I was unable to give her any medical information due to HIPPA laws and she just got more upset because "I'm his wife." Fer wife I/M was informing her that he has not gotten his blood sugar checked since he has been here. I informed her once again that he is getting taken care of. She replied "so your telling me that my husband is lying to me?" I then replied "it happens." She then got more upset with me and walked away. I/M's wife was angry and was trying to be forceful. Item was not accepted. Electronically signed by Julia Duran, MA on 08-31-2019 01:18:30 FM (Type: Norse) Electronically signed by Wei-Ann Lin, MD on 09-01-2019 12:54:05 AM (Type: Frovider)
Dales:	Current Illness Date: Ist Date Of Illness; Unable To Work Dates; Hospitalization Dates;
Diagnosis:	
Procedures:	
Providers:	Attending Provider: Duran, Julia, MA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-09-01 Sun 12:54 AM
<u> </u>	1 7 7

弘	Encounter		08	8-30-2019 05:00 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:	
Dictation:	Med Request: Name: paniel zuniga LD#: 62339 DDB/Age: 07-14-1981 / 36 year old PATIENT ALLERGIES: PHENERGAN Purpose: Medical Date/Time Collected: 08-30-2019 05:00 PMMedication	
Vitals:	Electronically signed by Wei-Ann Lin, MD on 09-01-2019 12:54:04 AM (Type: Provider)	
Condition Related To:		
Condition Related To:		
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Affending Provider; Duran, Julia, MA, ID;	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off;	Signed Off By: WLIN on: 2019-09-01 Sun 12:54 AM	

Encounter	08-30-2019 11:31 AM		
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	PROVIDER VISIT - SICK CALL:
	Resident Name: DANIEL ZUNIGA XD#: 62339
	ров: 07-14-1981
	togation: 10 5-MO-10
	Date/Time: 08-30-2019 Fri / 11:31
	ALLERGIES:
	PHENERGAN Medication Dosage Directions ALBUTEROL SUL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) IBUFROFEN 600MG TAKE 1 TABLET BY MOUTH 3 TIMES PER DAY FOR 5 DAYS, THREE TIMES A DAY (AM/MIDDAY/HS) CMSERAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)
	SUBJECTIVE: DANIEL SUNIGA, 30 year old W Male complains of right hand pain. Inmate reports he was doing push- ups with knuckles behind his body on Med evening 08/29/19 when his right hand slipped, and he landed with right hand folded underneath. Right hand dorsum also scraped against concrete and he has a few scratches. Inmate suspects that he broke another bone in hand, because he has broken both hands previously due to being a boxer years ago. Is using a wrist support purchased from commissary now, and taking Motrin 600 mg tid.
	Date Added Time (am/pm) Blood Pressure Weight Height Temperature Pulse Respiration Fulse Oxygen 2019-08-30 10:56:45 AM 150 / 89 189.0 6 ft 1 in 97.8 88 13 99
	OBJECTIVE:
	General: Haalthy appearing. No acute distress.
	Extremities: No clubbing or edema. Bilateral distal pulses intact. Right hand dorsum with mild swelling and tenderness laterally, very slight ecchymosis and edema of 4th and 5th MC joint. FROM of right hand and fingers. A few abrasions at base of 4th and 5th MC.
	ASSESSMENT: l. Fossible Boxer's fracture, right hand
	PLAN: 1. Continue Motrin 600 mg tid x 30 days 2. Will order x-ray of right hand. However, inmate refused X-ray due to not wanting to pay, Will send treatment refusal form for inmate to sign.
	CHARGES:
	Physician Visit
	ELECTRONIC SIGNATURE:
	Electronically signed by Wei-Ann Lin, MD on 08-30-2019 ll:41:06 AM (Type: Provider)
	Electronically signed by Julia Duran, MA on 08-30-2019 12:48:26 PM (Type: Nurse)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date; Ist Date Of Illness: Unable To Work Dates: Hospitalization Dates:
Dlagnosis:	
Procedures:	
Providers:	Attending Provider: Lin, Wei-Ann, MD, Bastrop County Jail ID: 1
Facility:	Bastrop County Sheriff Office
Encounter Type:	Provider Sick Call
Sign Off:	Signed Off By: JDURAN on: 2019-08-30 Fri 12:48 PM

Encounter			08-29-2019 11:14 PM	
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	NURSE PROGRESS NOTE:			
	ALBUTEROL SUL HFA 90 MCG TIMES A DAY (5A/MIDDAY/5 OMEPRAZOLE 40MG During HS med pass inmat x 5 days. Electronically Approved	nu / 11:14 PM Directions INHALS ONE POFF(S) BY MOUTH FO	NVICE DAILY (SAM/HS) in his hand. Will sta	rt ibuprofen 600mg fib
Vitals:		102 1441 2214 122 02 02 20 2020		
Condition Related To:	***************************************	**************************************	10000000000000000000000000000000000000	
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates; Hospitalization Dates:			
Diagnosis:		-		
Pracedures:				
Providers:	Attending Provider: Amann, She	eri, NCMA, ID:	,,	
Facility:	Bastrop County Sheriff Office			we ^{www.} .Yaahlaahlaahlaahlaahlaahlaahlaahlaahlaah
Encounter Type:				, , , , , , , , , , , , , , , , , , ,
Sign Offi	Signed Off By: WLIN on: 2019	-08-30 Fri 12:22 AM		······································

Encounter 08-29-2019 05:25 PM

ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-1981

May. 24. 2022 11: 28AM No. 2610 Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 71 of 99

Dictation:	NURSE PROGRESS NOTE:		
	Name: DANIEL ZUNIGA		
	xp#: 62339		
	DOB/Agg: 07-14-1981 / 38 year old		
	Date/Time: 08-29-2019 Thu / 05:25 FM		
	PATIENT ALLERGIES:		
	Phenergan		
	Medication Dosage Directions ALBUTEROL SUL HEA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 363 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5F/HS)		
	OMERRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)		
	Inmate to medical for complaint of possible broken wrist or knuckles. Inmate had hand wrapped with kerlix wrap from another inmate and a wrist brace that he bought from commissary. Inmate states he was exercising, slipped and fell onto his right hand knuckles. Inmate states that he heard his wrist popped. MO observed some bruising to ring and pinky knuckles. MO also observed a small laceration about the size of pen cap in between pinky and ring finger. MO observed very little swelling to knuckles. Will place inmate on doctor call. Inmate very upset that MO took away the kerlix wrap. Inmate is able to move fingers and wrist without difficulty.		
	VITAL SIGNS:		
	Blood Fressure 140/100 Fulse 109		
	Fulse Oxygen 99		
	Electronically Approved by Sherl Amann, NCMA on 08-29-2019 05:34:20 PM. NURSE COMMENTS:		
	VISITS SCHEDULED:Order Type - Doctor Call		
	Instructions -		
Complaint of broken wrist or knuckles Duration - 1 day(s)			
w f11 x	Electronically signed by Wei-Ann Lin, MD on 08-29-2019 10:57:12 PM (Type: Provider) Blood Pressure: 140/100		
Vitals:	Pulse: 109		
	Pulse Oxygen: 99		
Condition Related To:	rand only gon. 39		
Dates:	Current Illness Date:		
	1st Date Of Ulness:		
	Unable To Work Dates:		
***************************************	Hospitalization Dates:		
Diagnosis:			
Procedures:			
Providers:	Attending Provider: Amann, Sheri, NCMA, ID:		
Facility:	Bastrop County Sheriff Office		
Encounter Type:			
Sign Off:	Signed Off By: WLIN on: 2019-08-29 Thu 10:57 PM		

08-26-2019 11:18 AM Encounter ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-1981

Dictation:	Med Kequast:		
	Name: DANYEL ZUNIGA YDW: 62339 DDB/Age: 07-14-1981 / 38 year old		
	PATIENT ALLERGIES: PHENERGAN		
	Furpose: Medical Date/Time Collected: 08-26-2019 11:18 AMMedication Dosage Directions ALBUTEROL SUL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5F/HS) CMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)		
	Date/Time Tribged: 08-26-2019 11:18 AM Reason: Inquiry Disposition: 08/26/2019 08:54:36		
	06/26/2019 06:54:36 STANDERED PROSEDUREWERE IS MY DYETARY RESTRICTION LIST FOR ITEMS IM RESTRICTED TO,IM STILL WAITINGI HAVE ALREADY REACHED OUT TO MY FAMILY LAWYER AND HE TOLD ME TO ASK FOR IT		
	Answered question/inquiry 08/26/2019 11:19:52 If you remember Ms Olivia talked to you about the commissary foods. We don't have a standard procedure list, as commissary products change all the time.		
	Electropically signed by Olivia Harros, CMA on O8-26-2019 11;21;26 AM (Type: Nurse)		
	Electronically signed by Wei-Ann Lin, MD on 06-27-2019 06:54:49 PM (Type: Provider)		
Vitals:			
Condition Related To:			
Dates:	Current Illness Date: Ist Date Of Illness: Unable To Work Dates: Hospi(alization Dates:		
Diagnosis:			
Procedures:			
Providers:	Attending Provider, Horros, Olivia, CMA, ID:		
Facility:	Bastrop County Sheriff Office		
Encounter Type:			
Sign Off:	Signed Off By: WLIN on: 2019-08-27 Tue 06:54 PM		

8	Encounter		08-	-21-2019 05:01 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	Med Request:	
	Name: DANIEL ZUNIGA	
	ID#: 62339	
	DOB/Aga: 07-14-1981 / 38 year old	
	PATIENT ALLERGIES: PHENERGAN	
	Purpose: Medical Date/Time Collected: 08-21-2019 05:01 PMMedication Dosage Directions ALBUTEROL SUL NFA 90 MCG INHALE ONE PUFF(s) By Mouth Four TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/Hs) OMEPRAZOLE 40MG TAKE ONE CARSULE(s) BY MOUTH TWICE DAILY (5AM/Hs)	
	Date/Time Triaged: 08-21-2019 05:01 PM	
	Reason: Inquiry Disposition: Per I/M's medical request: "IF THIS IS STANDERD FROSEDURE, FLEASE FRINT ME OUT A COPY OF THE ITEMS THAT IM ALLOWED TO ORDERLAST WEEK I WAS UNABLE TO ORDER MULTIPLE BAGS OF COFFEE, CREAMER, OR SWEET AND LOW WHICH TO ME DOESNT MAKE ANY SENSE AT ALLI ALREADY DONT GET MY FAIR PORTION OF FOOD BECAUSE OF MY DIABETIC RESTRICTION, AND 6 SOUF ALLOWED FER WEEK, WHICH IS NOT EVEN A DAYHONESTLY I NEED 14 SOUPS A WEEK TO MAKE IT THROUGH A WEEKNOT EVEN 1 A DAY IS ALLONED TO MEI ALSO CANT ORDER MORE THAN 1 BOX OF CRACKERS (WHICH I DEFEND ON DEARLY)FLEASE CONSIDER MY REQUEST FOR A COPY OF COMISSARY LIMITATIONS SO I CAN FLAN MY WEEK ACCORDING TO IT BECAUSE IT SEEMS LIKE IT CHANGES EVERY WEEK BECAUSE I WOULD LOVE TO ORDER SOME KIND OF SNACKS OR SMALL CANDY FIECESTHANKS TO WHOMEVER THIS MAY CONSERN MR ZUNIGA"	
	Answered question/inquiry Refer to Dr Lin	
	Electronically signed by Julia Duran, MA on 08-2)-2019 05:03:35 PM (Type: Nurse)	
	Electronically signed by Wei-Ann Lin, MD on 08-22-2019 10:27:09 PM (Type: Provider)	
Vitals:		
Condition Related To:		
Dates	Current Illness Date:	
	1st Date Of Illness:	
	Unable To Work Dates:	
	Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: Duran, Julia, MA, ID:	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on: 2019-08-22 Thu 10:27 PM	

Encounter

ZUNIGA, DANIEL BILLELA

08-21-2019 06:52 AM

SO Number# 62339 Gender: Male DOB 07-14-1981

Dictation:

NURSE PROGRESS NOTE:

Name: DANIEL ZUNIGA

ID#: 62339

DOB/Age: 07-14-1981 / 38 year old

Date/Time: 08-21-2019 Wed / 06:53 AM

PATIENT ALLERGIES: PHENERGAN

Medication Dosage Directions

ALBUTEROL SUL HFA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 355 DAYS. AS NEEDED, FOUR

TIMES A DAY (5A/MIDDAY/5F/H5)

OMEFRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)

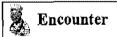
Inmata's wife called very upset that he isn't getting all of the meds she brought in and stated that he needs his blood sugar checked 3 times daily. Advised her that we go by the doctor's orders but she continued to go on about a letter that she dropped off and that she will call back and speak with the doctor.

Electronically signed by Dorena Martinez, NCMA on 09-21-2019 06:55:18 AM (Type: Nurse)

Electronically signed by Mei-Ann Lin, MD on 08-21-2019 02:11:02 FM (Type: Provider)

Vitals:		
Condition Related To:		
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospifalization Dates:	
Dingnosis:		
Procedures:		
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off.	Signed Off By: WLIN on: 2019-08-21 Wed 02:11 PM	

Sign Oil:	Isigned Off By: WLIN on: 2015		MACANIA CAMACAN	
Encounter			08	-20-2019 04:47 PM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	Med Request:			
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old PATIENT ALLERGIES:			
	Answered question/1 08/20/2019 16:46;51 Your request has been re			
Vitals;	1	by Ines Razo, NCMA on 08-20-20) Wei-Ann Lin, MD on 08-21-2019		ovider)
Condition Related To:			<u>, , </u>	
Dates:	Current Illness Date; 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:			
Diagnosis:	Transph.		7000	V6V#V
Procedures:				
Providers:	Attending Provider; LTN, MD, V	WEI - ANN, , ID:		
Facility:	Bastrop County Sheriff Office			······································
Encounter Type:				
Sign Off;	Signed Off By: WLIN on: 2019	0-08-21 Wed 02:11 PM		

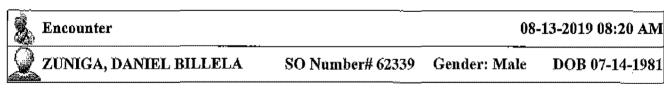


ZUNIGA, D	ANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-1981				
Dictation:	Med Request:				
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Ags: 07-14-1981 / 38 year old				
	PATIENT ALLERGIES: PHENERGAN				
	Purpose: Medical Date/Time Collected: 06-19-2019 04:50 PMMedication Dosage Directions ALBUTEROL SUL HEA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAX (3A/MIDDAY/5P/HS) OMEGRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)				
	Date/Time Triaged: 08-19-2019 04:50 PM				
	Reason: Complaint				
	Disposition:00/19/2019 10:54:13 CAN YOU FLEASE SEND ME INFO ON HOW TO ORDER MASAL SALINE BOTTLE AND PRE MIXED SOLUTION PACKETS KIT FROM DR NEIL ONLINE TO HAVE IT DELIVERED TO THE JAIL BY THE MANUFACTURE IM CURRENTLY USING NASAL SALINE FROM COMMISARY WHICH OPENS UP MY AIRWAY BUT DOES NOT GET RID OF NASAL MUCUS I NEED TO NASAL RINSE TWICE A DAY BECAUSE IVE HAD 5 NASAL SURGERIES DUE TO MY NOSE BEING BROKEN SEVERAL TIMESI HAVE NO NATURAL POST NASAL DRIPI HAVE TO RISEFLEASE, FLEASEITS VERY INFORTANT TO MY DAILY LIFE AND WELLBEING				
	Refer to Dr. Lin				
	Electronically Approved by Sheri Amann, NCMA on 08-19-2019 04:50:41 PM.				
Vitals:	Slactronically signed by Wei-Ann Lin, MD on 08-21-2019 02:11:01 PM (Type: Provider)				
Condition Related To:					
Dafes:	Current Illness Date: Ist Date Of Illness: Unable To Work Dates: Hospitalization Dates:				
Diagnosis:	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Procedures:					
Providers:	Attending Provider: Amenn, Sheri, NCMA, ID:				
Facility:	Bastrop County Sheriff Office				
Encounter Type:					
Sign Off:	Signed Off By: WLIN on: 2019-08-21 Wed 02:11 PM				

Encounter 08-13-2019 11:46 AM

ZUNIGA, DANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-1981

Dictation:	Med Request:	
	Name: DANIEL ZUNIGA	
	ID#: 62339	
	DOB/Age: 07-14-1981 / 38 year old	
	PATIENT ALLERGIES:	
	PHENERGAN	
	Purpose: Medical	
	Date/Time Collected: 08-13-2019 11:46 AMMedication Dosage Directions	
	ALEDTEROL SOL HEA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS)	
	OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (SAM/HS)	
,	Date/Time Triaged: 00-13-2019 11:46 AM	
	Reason: Complaint ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	NASAL SALINE PLEASEI CANT BREATHWIF, IVE BEEN ASKING SINCE I GOT BOOKED"	
	Pisposicion:	
	Referred to Dr Lin.	
	Electronically signed by Rosa Warren, MA on 08-13-2019 11:47:31 AM (Type: Nurse)	
	Inmate to purchase saline from commissary and use qd,	
	Electronically signed by Wei-Ann Lin, MD on OB-13-2019 11:43:19 PM (Type: Provider)	
	Electronically signed by Dorenz Martinez, NCMA on 08-14-2019 04:45:25 PM (Type: Nurse)	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date:	
	1st Date Of Illness:	
	Unable To Work Dates;	
	Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers;	Attending Provider: Warren, Rosa, MA, ID:	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: DMARTINEZ on; 2019-08-14 Wed 04:45 PM	



Dictation: NURSE PROGRESS NOTE:C/o som Name: DANIEL ZUNTGA ID#: 62339 DOB/Age: 07-14-1981 / 38 year old Date/Time: 08-13-2019 Tue / 08:20 AM PATIENT ALLERGIES: PHENERGAN Medication Dosage Directions ALBUTEROL SUL HPA 90 MCG INHALE ONE PUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS. AS NEEDED, FOUR TIMES A DAY (5A/MIDDAY/5P/HS) OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (SAM/HS) VITAL SIGNS: Blood Pressure 176/103 I/M left beforeClonidine could be adm. Pul8e 127 Pulse Oxygen 100 NURSE COMMENTS: 08:00; I/M to Medical due c/o not able to breaths. Upon arrival M/O noted I/M appears to have rapid, heavy breathing. M/O attempting to listen to I/M's breathing, for possible wheezing; NO audible wheezing. I/M began to talk, M/O instructed I/M to stop talking, due to M/O trying to hear your breathing. M/O had I/M to be seated andproceeded to get V8; I/M immediately began to pant while yet talking and stating I've bean trying to tell y'all for two weeks I needed my nasal saline and y'all bavan't done anything. M/O informed I/M his wife didn't bring that medication when she dropped off the other meds. I/M began to raise his voice, jumped up as to leave Medical; I/M was escorted back to his cell, due to his behavior. Will re-assess I/M after he is more calm. 10:30:1/M brought Medical to be re-assessed; VITAL SIGNS: Blood Pressure 129/97 Pulse QS Pulse Oxygen SPA I/M tearfully stating he needs his NS that he makes at home and he can't understand why they wouldn't let his wife give it towedical, all it is salt mixed with baking sode and water. And that be told the Dr when he saw her that he needed the NS. M/O informed I/M that he didn't mention to the Dr that you mixed your own NS when you saw her last and it's an assumption that the Dr was thinking you meant a regular MS spray. M/O explained to I/M that unknown liquids aren't accepted through visitation and suggested I/M submit a med request; requesting an order for NS. I/M stated he thinks they sell it on commissary should be getting money today to buy some NS from commissary. I/M states be uses his albuterol imbalar sometimes BIW especially when he gets like this and he's had six sinus surgeries and the MS is the only thing that help his throat when he gets like this. And he can't understand why Medical can't just mix up some NS like he does at home. SIGNATURE: Electronically signed by Rosa Warren, MA on 08-13-2019 11:30:19 AM (Type: Nurse) Inmate specifically told MD during Dr. call on 08/07/19 that his wife will bring in his meds, including the nasal saline, and that she had to order the salt packets specially through the mail. Physician does not appreciate inmate telling a different story, trying to shift the blame unto the Medical Department for not having his saline. If his wife couldn't bring in the saline, all inmate had to do was to write a medical request stating wife was unable to obtain the saline and inmate could request he be given saline from Medical department. Electronically signed by Wei-Ann Lin, MD on O8-13-2019 11:43:20 FM (Type: Froyider) noted SIGNATURE: Electronically signed by Lise Barriga, NCMA on 09-14-2019 01:40:21 AM (Type: Nurse) Vitals: Blood Pressure: 176/103 Pulse; 127 Pulse Oxygen: 100 Condition Related To:

Dates:	Current Illness Date:	
	1st Date Of Illness:	
1	Unable To Work Dates:	
Į.	Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: Warren, Rosa, MA, ID;	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: LBARRIGA on: 2019-08-14 Wed 01:48 AM	

Encounter		~	08	-12-2019 01:49 PM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	Med Request:			
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 3 PATIENT ALLERGIES: PHENERGAN	θ year old		
		-12-2019 01:49 PMMedication : Inhale one PUFF(S) BY MOUTH FOR PHS) TAKE ONE CAPSULE(S) BY MOOTH		5 DAYS AS NEEDED, FOUR
	Date/Time Triaged: 05-12	(~2019 01:49 PM		
		•		
		red until you have been here 30	daye .	
	Electronically signed by	/ Rosa Warren, MA on 08-12-2019	01:51:40 PM (Type; Nu:	r=0)
	Electronically signed by	/ Wei-Ann Lin, MD on 08-13-2019	11:43:18 FM (Type: Fr	ovidex)
Vitals:		nannannannannannannannannannannannannyjäjylyöj _{yttää}		, particular popular (
Condition Related To:				
Dafes:	Current Illness Date: 1st Date Of Illness; Unable To Work Dates; Hospitalization Dates;			
Diagnosis:				
Procedures:				
Providers:	Attending Provider: Warren, Ra	osa, MA, ID:		
Facility:	Bastrop County Sheriff Office			
Encounter Type:			Wish and the second sec	
Sign Off:	Signed Off By: WLIN on: 201	9-08-13 Tue 11:43 PM	······································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Ø,	WA. P.DCOUNIER		08-	-12-2019 01:45 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

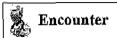
Case 1:22-cv-00559-LY	Document 1-2	Filed 06/08/22	Page 79 of 99

Dictation:	Med Request:	
	Name: DANIEL ZUNIGA	
•	ID#: 62339	
	DOB/Age: 07-14-1981 / 39 year old	
	PATIENT ALLERGIES: PHENERGAN	
	Purpose: Medical	
	Date/Time Collected: 08-12-2019 01:45 FMMedication Dosage Directions ALBUTEROL SUL HFA 90 MCG INHALE ONE FUFF(S) BY MOUTH FOUR TIMES DAILY FOR 365 DAYS AS NEEDED, FOUR TIMES A DAY (5A/MTDDAY/5P/HS)	
	OMEPRAZOLE 40MG TAKE ONE CAPSULE(S) BY MOUTH TWICE DAILY (5AM/HS)	
	Date/Time Triaged: 08-12-2019 01:45 FM	
	Reason: Complaint "08/12/2019 08:15:46	
	I am not doing to well without doing my dr recomended masal saline twice a dayFLEASE DONT IGNORE	
	THIS ANY LONGERIT IS VERY IMPORTANT TO MY DAILY LIFESTYLE AND WELLBEINGTHX"	
	Disposition:	
	Refer to Dr Lin	
	Electronically signed by Mosa Warran, MA on 08-12-2019 01:47:14 FM (Type: Nurse)	
	Electronically signed by Wei-Ann Lin, MD on 00-13-2019 11:43:18 PM (Type: Provider)	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date:	
	1st Date Of Illness;	
	Unable To Work Dates:	
	Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: Warren, Rosa, MA, ID;	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: WLIN on: 2019-08-13 Tue 11:43 PM	

Encounter			08	-12-2019 10:42 AM	
\mathcal{L}	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981	
Dietation:	NURSE PROGRESS NOTE:				
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Age: 07-14-1981 / 3 Date/Time: 08-12-2019 P	n			
	hacs/17me: 00-15-5012 t	ion / 10:42 AM			
	PATIENT ALLBRGIES: PHENERGAN				
		Directions SINMALE ONE PUFF(S) BY MOUTH FOR (MALE) TAKE ONE CAPSULE(S) BY MOUTH:		5 DAYS AS NEEDED, FOUR	
	I/M cleared for trusty work, floor crew.				
	Electronically signed by	/ Olivia Harros, CMA on 08-12-2	019 10:42:55 AM (Type:	Nurse)	
	Electronically signed by	, Wei-Ann Lin, MD on 08-13-2019	11:43:19 PM (Type: Pro	ovider)	
Vitals:		·			
Condition Related To:					
Dates:	Current Ulness Date:				
	1st Date Of Illness;				
	Unable To Work Dates:				
	Hospitalization Dates:				
Diagnosis:					

Procedures:	
Providers:	Attending Provider: Harros, Olivia, CMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-08-13 Tue 11:43 PM

Encounter	08-09-2019 03:23	PM
ZUNIGA, D	OANIEL BILLELA SO Number# 62339 Gender: Male DOB 07-14-	1981
Dictation:	NURSE PROGRESS NOTE: MEDS	
	Name: DANYEL SUNTOA TD#: 62339 DDB/Age: 07-14-1981 / 36 year old	
	Date/Time: 08-09-2019 Fr1 / 03:23 PM	
	PATIENT ALLERGIES: PHENERGAN	
	Wedication Dosage Directions	
	Inmate's Wife dropped off medications for inmate @ 03:15.	
,	Promin HFA ORAL INM (200 PFS) 8.5G INM 2 PUFFS PO Q 4-6 HRS PRN COUGH ON SOB OR WHEEZING QTY 6.5 DATE: 08/08/19 MIRIAM NNABUIHE, APN	
	HUMALOG 100 U/ML KWIK PEN INJ 3 ML INJ PER S/S BEFORE MGAL9 MAX DAILY 40 UNITS QTY: 36 QTY IN BAG: 12 DATE:08/08/19 HIRIAM NNABUIHE, APN	
	OMEFRAZOLE 40MG CAP 1 PO BID GTY: 180 GTY COUNTED: 180 MIRIAM NNABUIHE, APN	
	Electronic Signature: Electronically Approved by Ines Razo, NCMA on 08-09-2019 03:39:35 PM.	
	OK to start Omeprazole 40 mg bid 8 q 5 am and HS. Ok to start Proair APA 2 puffs po qid prn, 1 on cart. Do not start Humalog.	ėáVė
	Electronically signed by Wei-Ann Lin, MD on 08-09-2019 06:27:34 PM (Type: Provider)	
	noted	
***************************************	Electronically Approved by Sheri Amann, NCMA on 08-09-2019 11:25:54 PM.	
Vitals:		
Condition Related To:		
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:	
Diagnosis:		
Procedures:		
Providers:	Attending Provider: LIN, MD, WBI - ANN, , ID;	
Facility:	Bastrop County Sheriff Office	
Encounter Type:		
Sign Off:	Signed Off By: SAMANN on: 2019-08-09 Fri 11:25 PM	



08-09-2019 05:58 AM

ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	Med Request:			
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Ags: 07-14-1981 / 39 y	ear old		
	PATIENT ALLERGIES: PHENERGAN			
	Purpose: Medical Date/Time Collected: 00-09	-2019 05:58 AMMedication Do	sage Directions	
	Date/Time Triaged: 08-09-2019 05:58 AM Reason: Complaint Disposition:08/09/2019 02:09:55 Can u please clear me for trusteethe Dr said herself she beleives im not diabetic anymore alrestopped monitoring my blood sugar, and im not in any immediate health danger. Which i think is great, and also makes me very proud of myself, My primary Dr also says im doing vary well since i lost so much weight and stopped the methotrexate and all diabetic medsplease give me a chance not only help get home faster but to prove to myself that i can do slot more than everyone thinksagain thanks alot and thanks for your time Answered guestion/inquiry		. Which i think is ing very well since i ase give me a chance to	
		Linda Fanzino, LVN on 08-09		
	Floor trusty.	e weekly FBS check to make	_	-
	noted signed by We	i-Ann Lin, MD on 08-09-2019	06:27:34 PM [Type: Pr	ovider)
	Electronically Approved by	Sheri Amann, NCMA on 08-09-	2019 11:23:12 FM.	
Vitals:				
Condition Related To:			and the state of t	
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates:			
Diagnosis:			***************************************	***************************************
Procedures:	V-W			
Providers:	Attending Provider: Panzino, Linda	, LVN, BCSO ID:		
Facility:	Bastrop County Sheriff Office	**************************************		
Encounter Type:				
Sign Off:	Signed Off By: SAMANN on: 201	9.08.09 Fri 11/23 PM		

Encounter		08-	09-2019 04:33 AM
ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Thetellar	NURSE PROGRESS NOTE:Medications
Dictation:	MANCE LEADURES WATE MEATER LANGE
	Name: DANIEL ZUNIGA
	ID#: 62939
	DDB/Age: U7-14-1981 / 38 year old
	Date/Time: 08-09~2019 Fri / 04:33 AM
	FATIENT ALLERGIES: PHENERGAN
	I/M had three medications dropped off in visitation. Information placed in personal med count, Refer for orders.
,	Electronically signed by Lisa Barriga, NCMA on 08-09-2019 04:34:24 AM (Type: Nurse)
Vitals:	Electronically signed by Wei-Ann Lin, MD on 08-09-2019 06:27:35 FM (Type: Provider)
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
	Unable To Work Dates;
	Hospitalization Dates:
Diagnosis:	
Procedures;	
Providera:	Attending Provider: Barriga, Lisa, NCMA, ID;
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-08-09 Fri 06:27 PM

Z.	Encounter		08	-07-2019 12:39 PM
2	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

May. 24. 2022 11: 31AM No. 2610 Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 83 of 99 P. 82

wyl at	DROUTDED UTCHE STOW SALE.
Dictation:	PROVIDER VISIT - SICK CALL:
	Resident Name: DANTEL 20NTGA
	ID#: 62339 DOB: 07-14-1981
	Location: 10 5-MO-10
	Date/Time: 08-07-2019 Med / 12:39
	ALLERGIES:
	PHENERGAN Medication Descriptions
	Medication Dosage Directions
	SUBJECTIVE: DANIEL ZUNIGA, 38 year old W Male seen for multiple medical problems. Inmate reports Wegener's disease and takes Prednisone daily and Methotrexate BIW. Also has had multiple sinus surgeries due to recurrent sinus infections, most recent being in 2016 by Dr.
	Blake Simpson (ENT) in San Antonio. Uses saline rinse daily to prevent sinus infection, and his wife will be bringing in his supplies and meds from home later today. Inmate reports throat was reconstructed twice and has very hoarse, whispery voice. Reports he was diagnosed with T2DM when he was hospitalized 8-9 months ago
	While he was in come and his pandreas failed. However, has lost about 100 pounds since then and his BS has been under much better control. Reports taking Metformin at home, but BS has been excellent, all under 120 at any given time since he came here and on no concentrated sweets diet. Has not needed Metformin at all.
	Date Added Time (am/pm) Blood Pressure Weight Height Temperature Fulse Respiration Fulse Oxygen 2019~08~07 10:38:17 AM 129 / 77 179.13 6 ft 1 in 97.9 72 13 99
	OBJECTIVE:
	General: Nealthy appearing adult in no acute distress.
	Skin: Warm and dry. No suspicious or change in pre-documented lesion.
	HEENT: Normocephalic/atraumatic. FERRLA. EOMsI. Clear pharynx.
	Neck: Supple without adenopathy or thyromegaly.
	Lungs: Lungs clear to auscultation bilaterally. Unlabored respiratory effort.
	Heart: RRR without murmur, gallop, rub. S1 S2 normal. PMI non-displaced.
	ASSESSMENT: 1. TZDM, good control 2. Wegener's disease
	PLAN: 1. Will go over inmate's meds and supplies when wife brings them in before approval to start 2. DC Acucheck QID 3. FBS q Week from now on 4. Inmate informed of commissary restriction rules for diabetics
	Physician Visit No Charge
	ELECTRONIC SIGNATURE:
	Electronically signed by Wei-Ann Lin, MD on 08-07-2019 12:55:17 PM (Type: Provider)
	Noted:
Vitales	Electronically signed by Rosa Warren, MA on 08-07-2019 01:14:17 PM (Type: Nurse)
Vitals: Condition Related To:	
Dates:	Current Illness Date:
A. a. too.	Ist Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:

Diagnosts;		
Procedures:		······································
Providers:	Attending Provider: Lin, Wei-Ann, MD, Bastrop County Jail ID: I	
Facility:	Bastrop County Sheriff Office	
Encounter Type:	Provider Sick Call	
Sign Off:	Signed Off By: RWARREN on: 2019-08-07 Wed 01:14 PM	

Encounter	Encounter 08-06-2019 09:16 A			-06-2019 09:16 AM
ZUNIGA, D	ANTEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dicintion:	Electronically signed by	uė / 09:16 AM		•
Vitals:				<u></u>
Condition Related To:				\$0000000000000000000000000000000000000
Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates: Hospitalization Dates;			
Diagnosis:			770	
Procedures:				
Providers:	Attending Provider: Harros, Oli	via, CMA, ID:	×	
Facility:	Bastrop County Sheriff Office			······································
Encounter Type;	**************************************			
Sign Off:	Signed Off By: WLIN on: 2019	9-08-06 Tue 09:59 PM		······································

	Encounter		08-	-05-2019 11:12 PM
Ō	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

May. 24. 2022 11: 31AM No. 2610 P. 8
Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 85 of 99

Dictation:	Med Request:
	Name: DANIEL EUNIGA
	ID#: 62339
	DOB/Age: 07-14-1981 / 38 year old
	PATIENT ALLERGIES: PHENERGAN
	Purpose: Medical
	Date/Time Collected: 08-05-2019 11:12 PMMedication Dosage Directions
	Date/Time Triaged: 08-05-2019 11:12 PM
	Reason: Complaint
	Disposition:
	Per Medical Request - "08/05/2019 17:33:01
	i am diabetic and cant go 12 hours without eating between dinner and breakfast. I have money on my books but I missed commissary by one daycan someone please make an ecseption to let me purchase Something from the store just this once I have been feeling weaker today and I know its because im not eating small snacks every 4 hours."
	Answered question/inquiry Refer to Dr Lin.
	Electronically signed by Dorena Martinez, NCMA on 08-05-2019 11:13:13 PM (Type: Nurse)
	Electronically signed by Wei-Ann Lin, MD on 08-06-2019 09:59:19 FM (Type: Provider)
Vitals:	
Condition Related To:	
Dates:	Current Illness Date:
[1st Date Of Illness:
	Unable To Work Dates:
	Hospitalization Dates:
Dingnosis:	
Procedures:	
Providers:	Attending Provider: Martinez, Dorena, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-08-06 Tue 09:59 PM

Encounter	Encounter 08-02-2019 11:50			-02-2019 11:50 PM
ZUNIGA, D	ANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981
Dictation:	Med Request:			
	Name: DANIEL ZUNIGA ID#: 62339 DOB/Age: 07-14-1991 / 3: PATIENT ALLERGIES:	9 year old		
	PHENERGAN			
	Purpose: Medical Date/Time Collected: 09	-02-2019 11:50 FMMedication Po	sage Directions	
		edical request: "I was detains elin. i was told i would be re		
	Answered question/i Your blood sugar is bein socks or any other cloth	g monitored and checked 4 time:	s a day. Medical does	not provide diabetic
	Electronically signed by	Julia Duran, MA on 09-02-2019	11:52:17 PM (Type: Nu	rse)
	Electronically signed by	Wei-Ann Lin, MD on 09-04-2019	11:14:34 PM (Type: Pr	ovider)
Vitals:			, , , , , , , , , , , , , , , , , , ,	×
Condition Related To:				

Dates:	Current Illness Date: 1st Date Of Illness: Unable To Work Dates; Hospitalization Dates:
Dlagnosis:	
Procedures:	
Providers:	Aftending Provider: Duran, Julia, MA, ID;
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off;	Signed Off By: WLIN on: 2019-08-04 Sun 11:14 PM

Altending Provider: Duran, Juli Bastrop County Sheriff Office Signed Off By; WLIN on: 201				
	19-08-04 Sun 11:			400140014001400140014001400140014001400
Signed Off By; WLIN on: 201	19-08-04 Sun 11:			
Signed Off By; WLIN on: 201	19-08-04 Sun 11:			
		14 PM		

		·	08	-01-2019 10:57 Př
NIEL BILLELA	SO Nu	mber# 62339	Gender: Male	DOB 07-14-198
INTAKE RECEIVING AND SC	REENING:			
	NIGA			
	7			
1 ' '	·#			
	9 Thu / 22;57			
DATIONS OT ASSISTED STAN				
		o patient.		
VITAL SIGNS:				
Weight				
1 -				
1				
1 2				
	16			
Pulse Oxygon	100			
as reading:				
4	. 3 READINGS:			
ALLERGIES:				
PHENERGAN				
Regularly Seen Physicia	n(s);	YES		
Type:	Primary Car	e Physician		
Name:	Dr. Edith E	astrop, Tx - Blueb	onnat trails	
Reason for Seeing;	Asthma , di	eability		
Type:	ENT provide	r		
Name :	Dr. Simpeon	San Antonio, Tx		
Reason for 9eeing:	Wegener's D	isease		
Interpreter Daed:		No		
Orientation: Physical Limitatione: severe asthma. States h Physical Aids:	as had throat	YE9 - States he i:	s on disability due to	
	.v			
YES - Verbally reported	by patient.			ne, Metformin, insuli
MISTORY: Recent Major Surgical H	iyatory:			
Surgery: When/Where:			exas Wedical , San Anto	mio, Tx
Recent Medical Hospital	ization:			
When: April 2019	,			
	INTAKE RECEIVING AND SO Name: DANIEL ZU ID#: 62339 DOB: 07-14-198 Gender: Male Race: W Date/Time: 08-01-201 PATIENT CLASSIFICATION: Classification for Coun VITAL SIGNS: Weight Height BMM BSA (Mosteller) BSA (DuBois) Blood Fressure Temperature Pulse Respiration Pulse Oxygen BS READING: PEAK FLOW - AVERAGE ALL PUPIL SIZE: 4mm4mm ALLERGIES: PHENERGAN Regularly Seen Physicia Type: Name: Reason for Seeing: Type: Name: Reason for Seeing: Interpreter Used: OEGERVATION: Orientation: Physical Limitatione: severe asthma. States b Physical Aids: PRE-ADMISSION MEDICATIC YES - Verbally reported (lantus n novolin), pot HISTORY: Recent Medical Hospital	INTAKE RECEIVING AND SCREENING: Name: DANIEL ZUNIGA ID#: 62339 DOB: 07-14-1981 Gender: Male Race: W Date/Time: 08-01-2019 Thu / 22:57 PATIENT CLASSIFICATION: Classification for County assigned to VITAL SIGNS: Weight 181 lbs 8 0 Height 6 ft. 1 in. EMI 23.9 BSA (Mosteller) 2.06 BSA (DuBois) 2.06 BSA (Mosteller) 2.06 BSA (Mosteller) 2.06 BSA (Mosteller) 2.06 BSA (Mosteller) 2.06 BSA (DuBois) 2.06 BSA (DuBois) 2.06 BSA (DuBois) 2.06 BSA (DuBois) 2.06 BSA (Mosteller) 2.06 BSA (Mostell	INTAKE RECEIVING AND SCREENING: Name: DANIEL ZUNIGA TD#: 62339 DOB: 07-14-1981 Sender: Male RAGE: W Date/Time: 06-01-2019 Thu / 22:57 PATIENT CLASSIFICATION: Classification for County assigned to patient. VITAL SIGNS: Meight 181 1bs 8 oz Meight 6 ft. 1 in. EMI 23.9 BSA (Mosteller) 2.06 BSA (DuBols) 2.06 Blood Pressure 145/67 Temperature 97.9 Pulse 75 Respiration 16 Pulse Oxygen 100 BS READING: PEAK FLOW - AVERAGE ALL 3 READINGS: PUPIL SIZE: 4mm4mm ALLERGIES: PHENERGAN Regularly Seen Physician(s): YES Type: Primary Care Physician Name: Dr. Edith Bastrop, Tx - Blueb Reason for Seeing: Asthma, dieability Type: ENT provider Name: Dr. Simpeon san Antonio, Tx Reason for Seeing: Wegener's Disease Interpreter Csed: No OBSERVATION: Orientation: Oriented to parso Physical Limitatione: YE9 - States he i severa asthma. Statee has had throat reconstruction tw Physical Aids: YES - Verbally reported by patient, albuterol inhaler (lantue in novolin), potasium, fish oil, Methotrexate t HISTORY: Recent Medical Mospitalization: Recent Medical Mospitalization:	Name: DANIEL ZUMIGA ID#: 52339 DOB: 07-14-1981 Sender: Male Race: W DANIEL ZUMIGA ID#: 52339 DOB: 07-14-1981 Sender: Male Race: W DATE

```
Where: South Austin
Military Experience:
CHRONIC ILLNESS:
Diabetes
                                     Type 2
     Oral medication
     Insulin-dependent
     Blood Sugar Reading:
                                                    94
Respiratory Disorder
                                     Asthma
     Treatment
         Rescue Inhaler
         Nebulizer treatment
                                     daily
     Last Exacerbation:
     Peak Flow Readings
         Unable to perform - No
COMMUNICABLE DISEASES:
Current TB Bymptoms:
Prioz Positive PPD:
                                     No
Plant PPD Now:
                                     Yea
     Location:
                         Left Forearm
     Task initiated for TB Skin Test read in 48-72 hours.
Tobacco Use:
                         CURRENT
     User:
                         Cigarettes
     Type:
     Amount/Day:
                         < 1 ppd
Alcohol Use:
     User:
                         NO
Drug Vse:
                         CURRENT
     User:
     Substance:
                         Marijuana
     Mode of Use:
                         Inhale
     Fraquency:
                         Daily
                         about a gram a day
2019-07-31
     Amount:
     Last Use:
Nithdrawal Issues:
     No
EXAMINATION:
Skin:
               No skin markings found not previously documented
          YES - Electronically placed on dental list.Order Type - Dental - Sick Gall Visit
Instructions -
     Dental - Sick Call Visit
burstion - 1 day(s)
SEXUAL PREDATOR/VULNERABILITY PREA SCREENING:
Reason for Screening: New Admission
Former Victim - Frison Rape/Sexual Assault:
    No
Youthful Age:
     No
Elderly:
     No
Small Physical Stature:
     No
Developmental Disability/Mantal Health History:
    YES
First Incarcaration:
    No
Gender Identity:
   No
Sexual Abuse Wistory:
    No
Correctional Facility Consensual 8ex History:
    No
Protective Custody Placement:
    No
Sexually Vulnerable Designation:
    Non-Victim
Victim Over-Ride:
```

1	No.
	NO NO
	POSSTBLE PREDATOR FACTORS:
	Institutional Predatory Sexual Behavior:
	Conviction - Rape or Child Abuse/Neglect:
	Sexual Abuse/Assault or Domestic Violence:
	Current Gang Affiliation:
	Institutional Strong Arming/Assaulta:
	Institutional Consensual Sex:
	Institutional Sexual Taunting:
	Female Overtly Masculine:
	Sexually Predatory Designation:
	Non-Fredator Predator Over-Ride:
	No
	Information Sources:
	inmate
	DISPOSITION:
	Access to Care Reviewed; YES
	NOTIFICATIONS:
	No Notification Required, Inmate states that he needs to do a saline rinse daily for sinuses. ROI signed and faxed to walgreene and bluebonnet trails, states that's where he gets his medications. Lower bunk given for possible insulin use. Placed on dr call.
	Electronically Approved by Sheri Amann, NCMA on 08-01-2019 11:27:01 PM.
	Highest BS was 138 since he got here, without any medications.
	Electronically signed by Hei-Ann Lin, MD on 08-04-2019 11:14:33 PM (Type: Provider)
Vitals:	Weight: 181 lbs 8 oz
	Effeight; 6 ft 1 in
	Blood Pressure: 145/87
<u> </u>	Temperature: 97.9
	Pulse: 75
	Pulse Oxygen: 100 Respirations: 16
Condition Related To:	Acspirations, 10
Dates:	Current Illness Date;
	1st Date Of Illness;
	Unable To Work Dates:
<u> </u>	Hospitalization Dates:
Diagnosis;	NNVM - PREA - Non-Victim
	NP - PREA - Non-Predator
Procedures:	
Providers:	Attending Provider: Amann, Sheri, NCMA, ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-08-04 Sun 11:14 PM
L	

8	Encounter		07-	31-2019 04:57 PM
	ZUNIGA, DANIEL BILLELA	SO Number# 62339	Gender: Male	DOB 07-14-1981

Dictation:	NURSE PROGRESS NOTE: 95 intake
	Name: DANIEL 2UNIGA
	ID#:
	DOB/Age: 07-14-1981 / 38 year old
	Date/Time: 07-31-2019 Wed / 04:57 PM
	PATIENT ALLERGIES:
	Medication Dosage Directions
	I/M seen for 95 intake. NKDA/NKFA. States blood disorder and takes medications but does not remember the names, diagnosis 5 years ago.
	VITAL SIGNS:
	Blood Prassure 146/81 Fulse 68
	Pulse Oxygen 100
	Electronic Signature:
	Electronically Approved by Ines Razo, NCMA on 07-31-2019 04:59:54 FM.
	Electronically signed by Nei-Ann Lin, MD on 08-01-2019 10:35:30 FM (Type: Provider)
Vitals:	Blood Pressure: 146/81
	Pulse: 68
	Pulse Oxygen; 100
Condition Related To:	
Dates:	Current Illness Date:
	1st Date Of Illness:
1	Unable To Work Dates:
	Hospitalization Dates:
Diagnosis:	
Procedures:	
Providers:	Attending Provider, LIN, MD, WEI - ANN, , ID:
Facility:	Bastrop County Sheriff Office
Encounter Type:	
Sign Off:	Signed Off By: WLIN on: 2019-08-01 Thu 10:35 PM

632320V

Name; Zuniga Daniel

DOB 7/14/1981

Allergles: KNDA

Current Medication; Trileptal 300mg PO BID Olanzapine10mg PO QHS, Prazosin 1mg PO QHS Trazadone 50mg PO Q HS.

HPI/Progress; Follow up for medication management f/u; Denies side effect from medication. Appetite; low" I am starting to eat a little". Energy Level low, Depression on a scale of 0-10, 10/10. (10 being the highest) reports feeling sad, poor concentration. Anxiety on a scale of 0-10, 7/101(101 being the highest) reports that he still grinds his teeth, constant worrying about family and case. Sleep; Reports difficulty falling asleep and staying asleep, Racing thoughts, sleeps about 4-5hrs at night, nightmare 1-2 x/wk. Reports paranola feels that people are watching him and talking about him. Anger/irritability; Reports he has anger and irritable mood all the time. Reports Aud Hallucination that he sees people laughing at him. Denies si/hi, denies vis.hallucination.

Diagnosis; Schlzoaffective D/O.

Plan/Order; Cont. with Plan of care no changes to current meds.

Trileptal 300mg PO BID. Olanzapine 10mg PO QHS. Prazosin 1mg PO QHS. Trazadone 50mg PO QHS.

Signature; A. Oylbo, PMHNP

Date 05/25/2020

DATE: 5/21/2020

NAME: Zuniga, Daniel

DOB: 7/14/1981

ALLERGIES NKDA

CURRENT MEDS:

HPI/PROGRESS: Seen today for initial assessment. Previously seen by BBTrails and diagnosed with Bipolar. He does not recall medications that he was treated with. Previously treated with Trazodone and was effective for insomnia. Admits to unstable mood. Reports father died April 19th and has been grieved over the loss. Reports "get nervous when get around a lot of people, think others are whispering about me. "Reports physically and emotionally abused by father and grandparents. Reports paternal grandfather was bipolar and was imprisoned in federal penitentiary as was father. Reports to sleep 3 nights a week, awakens every 2 hours and awakens from nightmares "seeing murder and brother died when he was 17yo and I was 19yo."States "Afraid to go to sleep because of the nightmares." Reports used to do boxing in early 20s. Reports head injury 10 times with loss of consciousness, "father hit me with a corona beer bottle, "Reports 2 children are his support system. Reports retired from HEB 2 years ago. Rates depression "20/10". Denies SI/HI. Admits to easily anger and irritability. Reports when anger give a "warning to others." Admits to AH "it is my parents and grandparents they just laugh, bothers me when I go to bed." Today tearful. Endorses anxiety during the day, "hear racing, hard time breathing, fearful talking to people, sweaty." Takes 3-4 showers a day "feel like my blood is boiling, sweating, "Parents were alcoholics.

SUBSTANCE USE:marijuana; ETOH occasional beer, meth, cocaine denies IV drug use

PMH:

DIAGNOSIS: Bipolar I, with psychotic features, mre depressed; PTSD

PLAN/ORDERS: Assessment consistent with Bipolar I with psychotic features and depression; PTSD. Will start Trileptal 300mg 0.5 tab BID for 3 days then start Trileptal 300mg BID, Start Olanzapine 5mg QH5 with goal to increase to 10mg QHS at next follow up. Start prazosin 1mg QHS for nightmare suppression. Start Trazodone 50mg QHS. RTC in one week JMoorePMHNP

MAY 2 1, 2020.

Client Name: 4075082 Zuniga, Daniel DOB: 07/14/1981 Clientid: Document Name: 05/13/2020 Jall Screening Assessment Effective Date: Bluebonnet Trails Community Center Jail Screening Assessment Client Name: Danlel Zuniga Client ID: 4075082 Show Statusi Clinician Name: Octavius McFarlin Service: Jail Screening Date Of Service: 05/13/2020 Start Time: 1:42 PM **End Time:** 1:53 PM **Duration:** 11 Minutes MH OP Adult TCOOMMI Bastrop Program: Location: Jall- Charged Specific Location: Attending: Referring: Mode of Delivery: Video Conference Recipients: Consumer Criela: Not a crisis Cancel/No Show Comment: Bluebonnet Trails Community Services Jail Screening Assessment New Client Information DOB: 7/14/1981 5555 465598737 Sex SSN Address Parent/Guardian Name: Telephone #: Referral Source; Télephone #: Address County: Residence County: Bastrop Bastrop Marital Status: Married Legal Status: Adult, No Guardian Ethnicity: Hispanic or Latino Race White Living Arrangement: Private Residence independent Military Service: O Yes VA Services: No Branch: Yes No Risk Assessment **(6)** O Current Suicidal Ideation: Current Sulcidal Plan: Yes ◉ Yes No No **(** \bigcirc Current Suicidal Intent: Yes No Means to carry out Yes ◉ No attempt: **(*)** Current Homicidal Plan: **(F)** Current Homicidal Yes No No Ideation:

(

Νo

Means to carry out

attempt:

Yes

Current Homicidal Intent: O

◉

No

Yes

May. 24. 2022 11: 34AM Case 1:22-cv-00559-LY Document 1-2 Filed 06/08/22 Page 95 of 99

Does client have symptoms consistent with an acute psychiatric diagnosis? Yes O No Symptoms of: High Anxiety Consumer in Treatment: Yes O No If yes, where: BTCS Probation/ Parole: Yes O No Charges are: Misdemaanor Prior Criminal Justice History and Involvement Police involvement/frequent police contact: Yes O No Probation: Yes O No Probation: Yes O No Contact with mental health deputies O Yes O No Contact with school based police officers O Yes O No Incarceration Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with court/county/state officials in a legal capacity Yes O No Contact with mental health deputies O Yes O No Contact with mental health deputies O Yes O No Contact with mental health deputies O Yes O No Contact with mental health deputies O		муниналина	Anneanneanneannd		,							~ 	·
Presenting Problems: Screening Current Diagnosis from BBT of Community Provider: Bipolar Schizophrenia Major Depression Unknown	Psych Cail:	•	Yes	0	No	Medical:			О	Yes	•	No	
Current Diagnosis from BBT of Community Provider:	Status			.1.7.5		And the second s				moramone e un escribiro	Party and the comment		
Does client have symptoms consistent with an acute psychiatric diagnosis? Yes	Presenting Problems: Scre	enir	лg	**لىرى ^{سى} ل _ئ ارىمىمەد مىمىدە ،	** *** ** ****************************	·	***************************************	······································	1 - CHAPPEN AN DE 41 -		and agin. To you will be a single - a sin annual and	I [®] Agunga, Ipagunapaga angagunapagangapaga	p. 1-1-1-10-1
Does client have symptoms consistent with an acute psychiatric diagnosis? Yes	Current Diagnosis from BB	T or	Сотп	nunity	Provider:								
Consumer in Treatment: ② Yes O No If yes, where: BTCS Probation/ Parole: ② Yes O No If yes, name of PO: Lee Co Criminal Charges Pending: ② Yes O No Charges are: Misdemeanor Prior Criminal Justice History and Involvement Police Involvement/frequent police contact: ② Yes O No Arrests: ② Yes O No Probation: ③ Yes O No Contact with mental health deputies O Yes ③ No Contact with school based police officers O Yes ③ No Contact with school based police officials in a legal capacity ② Yes O No Prior Treatment History Prior Hospitalizations: ○ Yes ② No Where: When: History of Substance Abuse Marijuana	ア. Blpolar]	Ħ.	Schla	zophrenia	Γ	Majoi	r Depres	sion	Ħ	Unknow	tn	
Consumer in Treatment:	Does client have symptoms	s cor	nsister	it with) an acuté j	psychiatric d	lagnosis	n .	•	Yes	0	No	
Prior Criminal Justice History and Involvement Prior Criminal Justice History and Involvement Prior Criminal Justice History and Involvement Prior Criminal Justice History and Involvement Police involvement/frequent police contact: Probation: Probation: Probation: Probation: Procedition: Probation: Probation: Probation: Probation: Probation: Probation: Probation: Probation: Prose O No Contact with mental health deputies O Yes O No Contact with school based police officers O Yes O No Contact with school based police officers O Yes O No Contact with count/county/state officials in a legal capacity Prior Treatment History Prior Treatment History Prior Hospitalizations: Marijuana Cocalne Marijuana Cocalne Marijuana Procedition Meth Amphetamines Pills Crack Hallucinogens PCP Eestasy Other: N/A Assessment Assessment	Symptoms of; High Anxle	ty											
Criminal Charges Pending;	Consumer in Treatment:	•	Yes	0	No	If yes, wh	ere: BT	cs					
Prior Criminal Justice History and Involvement Police involvement/frequent police contact: Police involvement/frequent police contact: Probation: Probation: Parole: Parole: Probation: Parole: Probation: Probation	Probation/ Parole:	•	Yes	O	No	If yes, na	ne of Po	O: Lee (Co				
Police involvement/frequent police contact: Probation: Probation: Parole: O Yes O No Parole: O Yes O No Contact with mental health deputies O Yes O No Contact with school based police officers O Yes O No Contact with school based police officers O Yes O No Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Treatment History Prior Hospitalizations: O Yes O No Where: When: When: History of Substance Abuse Marijuana O Cocaine O Alcohol O Meth O Amphetamines O Pills Crack O Inhalants O Heroin O Hallucinogens O PCP O Ecstasy Other: Last Use: April Assessment	Criminal Charges Pending:	•	Yes	0	No	Charges a	re: Mis	demear	nor				
Arrests: Probation: Probation: Parole: O Yes O No Contact with mental health deputies O Yes O No Contact with school based police officers O Yes O No Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Treatment History Prior Hospitalizations: When: When: History of Substance Abuse Marijuana Cocalne Alcohol Meth Amphetamines Pills Grack Tinhalants Heroin Tihaliucinogens Tip PCP Ecstasy Other: Last Use: April	Prior Criminal Justice	His	tory	and J	ζηνοίνεμ	ent		omenia (via samaan					
Probation: Parole: Contact with mental health deputies Contact with school based police officers Contact with school based police officers Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Treatment History Prior Hospitalizations: When: When: History of Substance Abuse Marijuana Cocaine Alcohol Heroin Hallucinogens PCP Ecstasy Other: Last Use: April	Police involvement/frequen	t po	lice co	ntact:	and the graduate can be an incrementation	(Yes	Ō	No		23 'A 24 AR		
Parole: Contact with mental health deputies O Yes ® No Contact with school based police officers O Yes ® No Incarceration Prior Treatment History Prior Hospitalizations: No Where: When: When: History of Substance Abuse Marijuana Cocalne Alcohol Hallucinogens PCP Ecstasy Other: Last Use: April	Arrests:					•	Yes	Ö	No				
Contact with mental health deputies Contact with school based police officers O Yes No Incarceration O Yes No Incarceration O Yes No Ocontact with court/county/state officials in a legal capacity Prior Treatment History Prior Hospitalizations; O Yes No Where: When: When: History of Substance Abuse Marijuana Cocalne Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: Last Use: April	Probation:					•	Yes	O	No				
Contact with school based police officers O Yes O No Incarceration O Yes O No Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Hospitalizations: O Yes O No Where: When: History of Substance Abuse Marijuana Cocaine Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: Last Use; April Assessment	Parole:					Ö	Yes	•	No				
Incarceration O Yes O No Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Hospitalizations: O Yes O No Where: When: History of Substance Abuse Marijuana Cocaine Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Hallucinogens PCP Cocaine N/A Assessment Assessment	Contact with mental health	dep	outles			0	Yes	•	No				
Contact with court/county/state officials in a legal capacity Prior Treatment History Prior Hospitalizations: Yes No Where:	Contact with school based (polic	e offic	ers		Q	Yes	(No				
Prior Treatment History Prior Hospitalizations: O Yes No Where: When: History of Substance Abuse Marijuana Cocaine Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: N/A Assessment	Incarceration					•	Yes	O_{\perp}	No				
Prior Hospitalizations: O Yes ® No Where: When: History of Substance Abuse Marijuana Cocaine Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: N/A Last Use: April Assessment	Contact with court/county/s	state	e offici	als In	a Jegal cap	acity 🕙	Yes	O	No				
History of Substance Abuse Marijuana Cocaine Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: N/A Last Use: April Assessment	Prior Treatment Histo	ry		Control of the Contro		o section and the section of the sec							
Marijuana Cocalne Alcohol Meth Amphetamines Pills Crack Inhalants Heroin Hallucinogens PCP Ecstasy Other: N/A Last Use: April Assessment	Prior Hospitalizations: O	Yes	s (P P	Va V	Vhere:	**************************************	₁ 3 00 mm - 5 mm 5 + 15 mm m s 5 °	`c enchamana ann <u>a</u>	v, v, on V	Vhen:	and the second second	— · · · · · · · · · · · · · · · · ·
Crack Inhalants Heroln Hallucinogens PCP Ecstasy Other: N/A Last Use: April Assessment	History of Substance	٩bu	ISB.										- , , , , , , , , , , , , , , , , , , ,
Other: N/A Last Use: April Assessment	Marijuana Ti Cod	calne	8	,j,,	Alcohol	Ų į	Meth)	Am	hetamine		Pills
Last Use: April	口 Crack コー Inh	ıalan	its	<u></u>	i Heroln		Hallu	cinogen	s Di	PCP		177	Ecstasy
Assessment	Other:)	N/A					•	
	Last Use: April												
Assessment (consider all the data presented along with your interview conclusions):	Assessment												
representations for the course by executing was year they was a consequency.	Assessment (consider all th	ie da	ata pre	esente	lw gnols b:	th your inter	vlew co	nclusion	s):			34	

suicidal thoughts or any halfucinations. Client reported that he is having high anxiety, and when he sleeps that he has nightmares. Client reported that he is sad because his father who is was close with passed and he was locked up and cant go to the funeral.

Recommendation for Treatment or Crisis Plan (Include Recommendations for Least Restrictive Treatment Setting): Does client meet criteria for jall diversion O Yes No							
Client was referred to psych							
Bluebonnet Trails Community Services recommends immediate admission and treatment at stated State Facility. If court proceedings are required to administer psychiatric care, Bluebonnet Trails would support such efforts							
Referred for State-Facility Hospitalization? O Yes	(9)	Vo	If "Yes", where:				
Clinician: Octavius McFarlin , QMHP-CS			Signature Date: 05/13/2020				



COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS, INC.

Making a Difference One Life At A Time Since 1966

Bastrop Community Health Center 275 S. Jackson Street Bastrop, TX 78602 512-321-7137 (phone) 512-321-7133 (fax) Elgin Family Health Center 902 W. 2nd Street Elgin, TX 78621 512-229-3334 (phone) 512-229-3336 (fax)

Daniel B Zuniga

To whom it may concern,

Mr. Zuniga is a chronic T2DM patient that has been controlled with oral medications. He also has history of laryngeal carcinoma which he has been treated for and is currently in remission. He suffers from Generalized anxiety disorder and Severe Major depression w/o psychosis.

Other medical history include:

Wegner's granulomatosis without renal involvement

GERD

Chronic low back pain

Pancreatitis

Asthma

Please feel free to reach out to us with any questions or concerns you may have in regards to his care.

Miriam Nnabulhe FNP

Community Health Centers of South Central Texas, Inc.